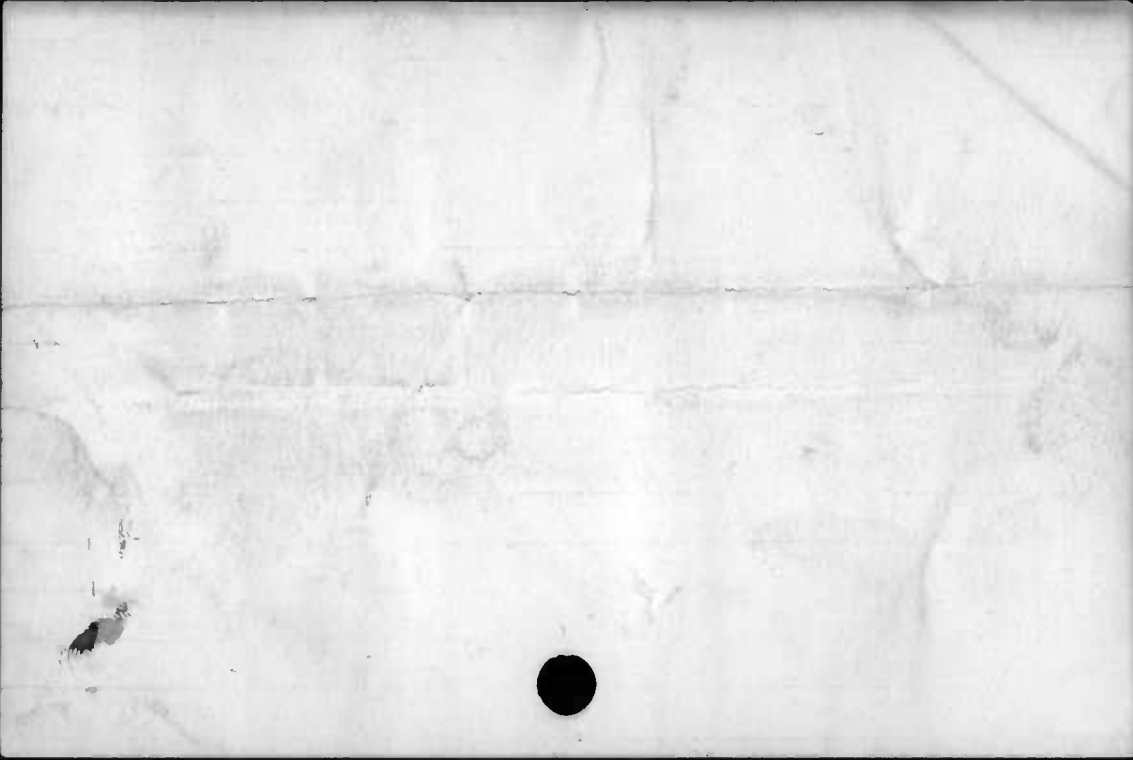


Name in Full		Margaret Adams				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">64</span></div>								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
		Accident or Suicide?						



Name  
in  
Full

Antoinetta Alvino

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Annapolis* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death 1908 <sup>Month</sup> *May* <sup>Day</sup> *2* <sup>Years</sup> *6* <sup>Months</sup> *6* <sup>Days</sup> *9*

Sex *Female* Color or Race *White* Birth-place *Italy*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Antonio Alvino*Father's  
Birthplace*Italy*Mother's  
Maiden Name*Maria Minetti*Mother's  
Birthplace*Italy*Name of person giving  
Information*Gerolamo Giaffre*How related  
to deceased*Friend*

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary

*Bronch. Pneumonia*

How long

*Six days*

Immediate

*Exhaustion*

How long

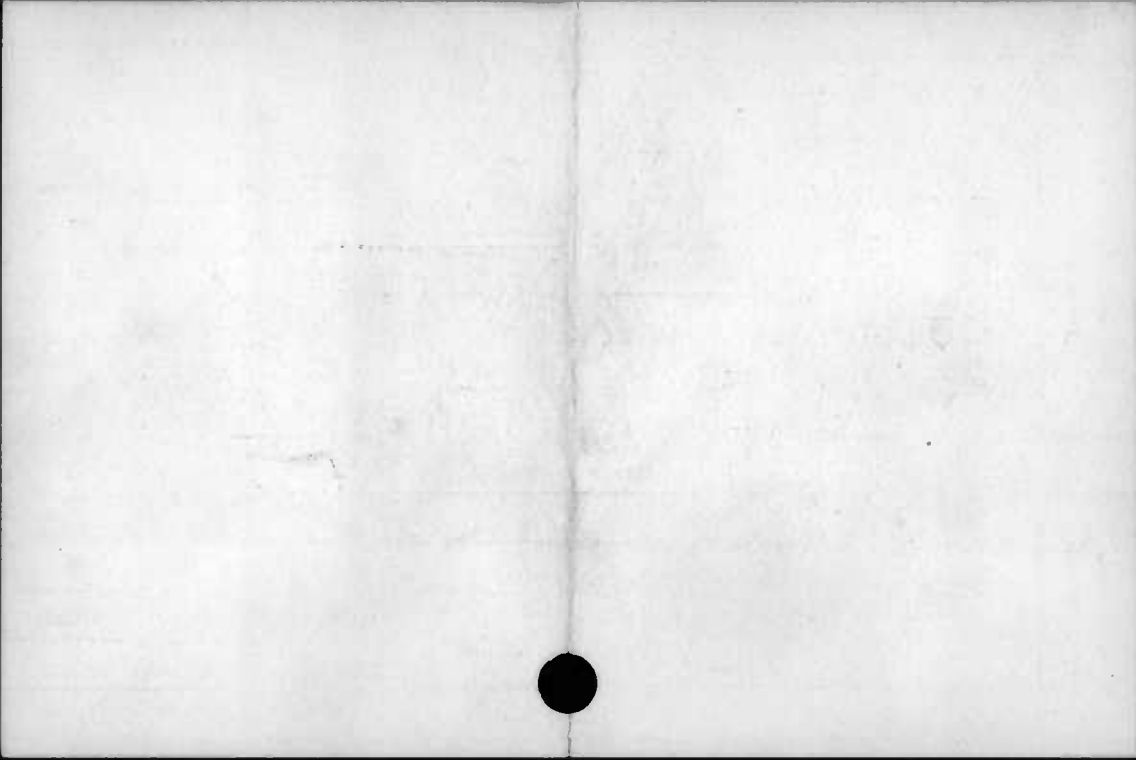
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Wm S Welch*

Address

*Annapolis*

Accident or Suicide?

*no*



Name  
in  
Full

Infant (Un)named Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harman</i> <sup>Town</sup>		<i>Anne</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>3</i> <sup>Age</sup>	<i>1</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>None</i>		Birth-place	<i>Harman Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Samuel Anderson</i>		
Mother's Maiden Name			<i>Bettie Carter</i>		
Name of person giving information			<i>Clarissa Carter</i>		
Father's Birthplace			<i>Ft Co Md</i>		
Mother's Birthplace			<i>Ft Co Md</i>		
How related to deceased			<i>Grandmother</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Birth</i>	How long	<i>18 hours</i>
Immediate	<i>Inanition or Febrile</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>C R Winters</i>	
Address		<i>Hanover Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

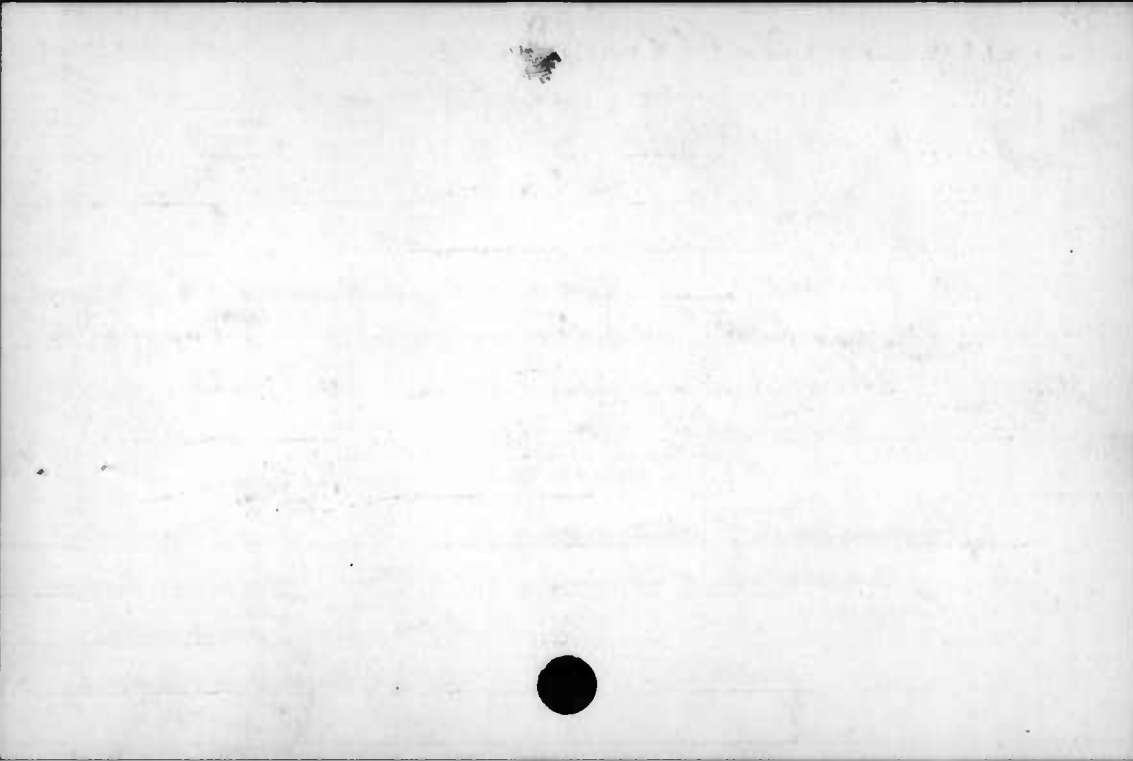
Name in Full <i>Anthony Ayers</i>		Town <i>Annapolis</i>		County <i>St. Anne</i>		MARYLAND	
Died at <i>Annapolis</i>		Date of death <i>1908 May 16</i>		Age <i>3</i>		Months <i>6</i> Days <i>3</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birthplace <i>Annapolis</i>			
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>201 West St</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Waldell Stevens</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Amanda Ayers</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Amanda Ayers</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

106

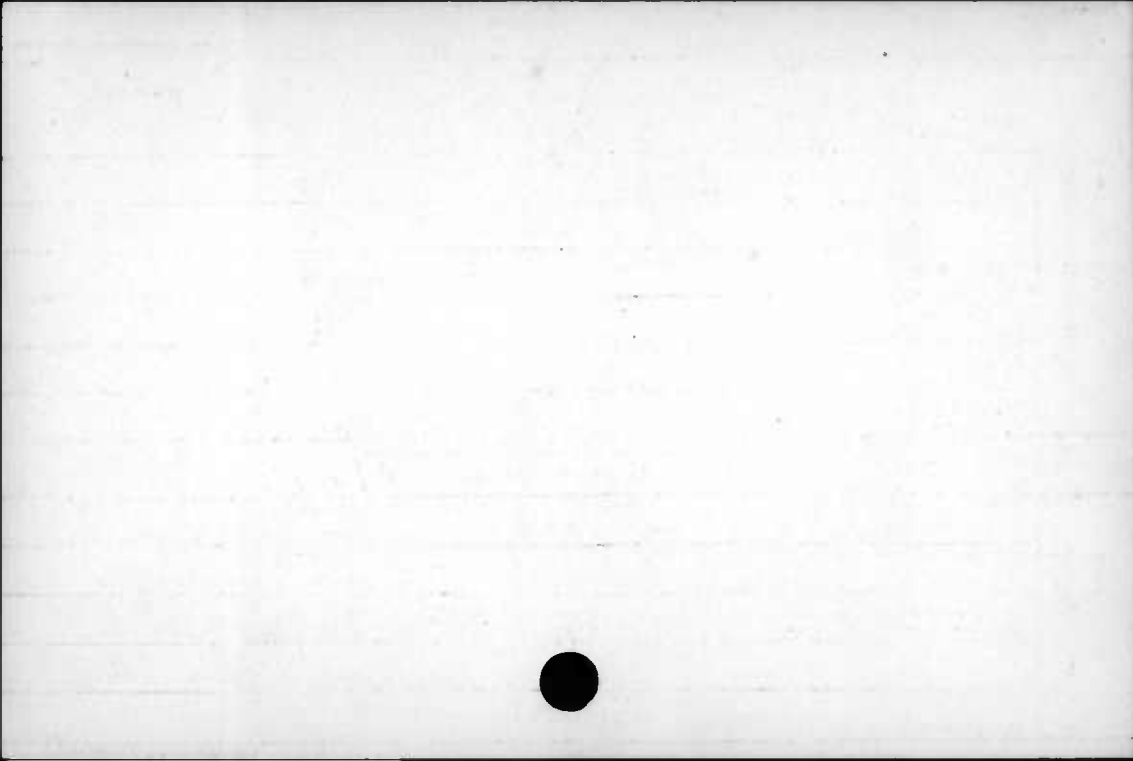
PHYSICIAN  
OR CORONER

Primary	<i>Diarrhoea</i>	How long	<i>One week</i>
Immediate	<i>Cor-pulsi-on</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. V. Keese</i>	
		Address <i>60 Cathedral St Annapolis</i>	
Accident or Suicide?			





Name in Full		Margaret Matilda Badger				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County Anne Arundel		MARYLAND	
	Date of death	1908	Month May	Day 4 <sup>th</sup>	Age 78	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Unknown		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband Commodore O.C. Badger USN (deceased)			
	Father's Name	Captain L. F. Johanson U.S.N.			Father's Birthplace		
	Mother's Maiden Name	Holland			Mother's Birthplace		
Name of person giving information	Chas. J. Badger			How related to deceased			Son
	CAUSES OF DEATH				154		
PHYSICIAN OR CORONER	Primary	Infirmities of old age -				How long	Six months
	Immediate	Oedema of lungs				How long	English hours
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
					26-1-10000 Academy		
Accident or Suicide? <input type="checkbox"/>							



Name  
in  
Full

Louis L. Barney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		Month May	Day 15	Age 49	Years 9	Months	Days
Sex Male		Color or Race White		Birth- place Madison Wis.			
Occupation Engineer		Where Residing if not at place of death West - Annapolis					
Married, Single or Widowed Married		Name of Wife or Husband Estelle Barney					
Father's Name Unknown		Father's Birthplace —					
Mother's Maiden Name Unknown		Mother's Birthplace —					
Name of person giving In formation J. J. Jeffreys		How related to deceased Son-in-Law					

## CAUSES OF DEATH

171

PHYSICIAN  
OR CORONER

Primary	Electric Shock	How long 15 minutes
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address Annapolis Md
Accident or Suicide?		
Accident		



Name  
in  
Full

William Boston.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

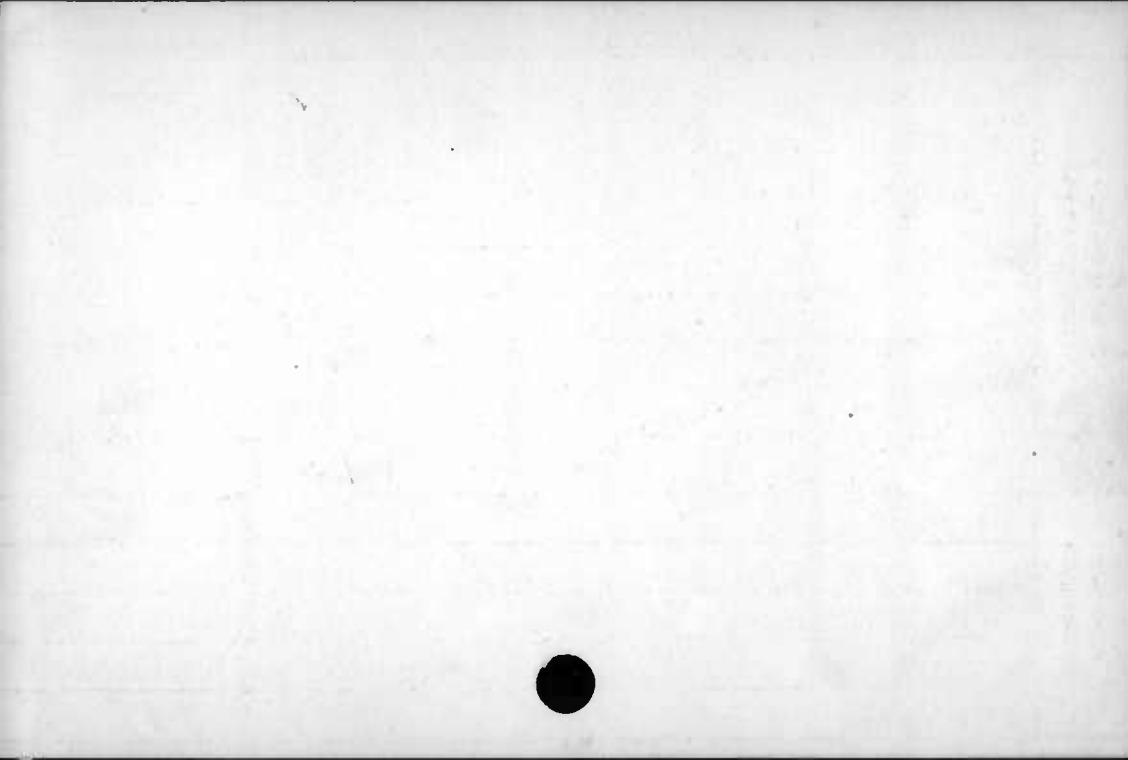
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		May	16	Age	48		
Sex	male	Color or Race	colored	Birth-place	Annapolis Md.		
Occupation	Laborer			Where Residing if not at place of death	102 Washing St		
Married, Single or Widowed	Single		Name of Wife or Husband	Unknown			
Father's Name	unknown				Father's Birthplace	A.A. Co. Md.	
Mother's Maiden Name	Eleanor Stansberry				Mother's Birthplace	Unknown	
Name of person giving information	James Taylor				How related to deceased	Neighbor	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	ONE Year
Immediate	Coma	How long	36 Hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. D. Ridout
yes		Address	Annapolis Md.
Accident or Suicide?			R. H. Do No.



Name  
in  
Full

Anna M. Brehler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

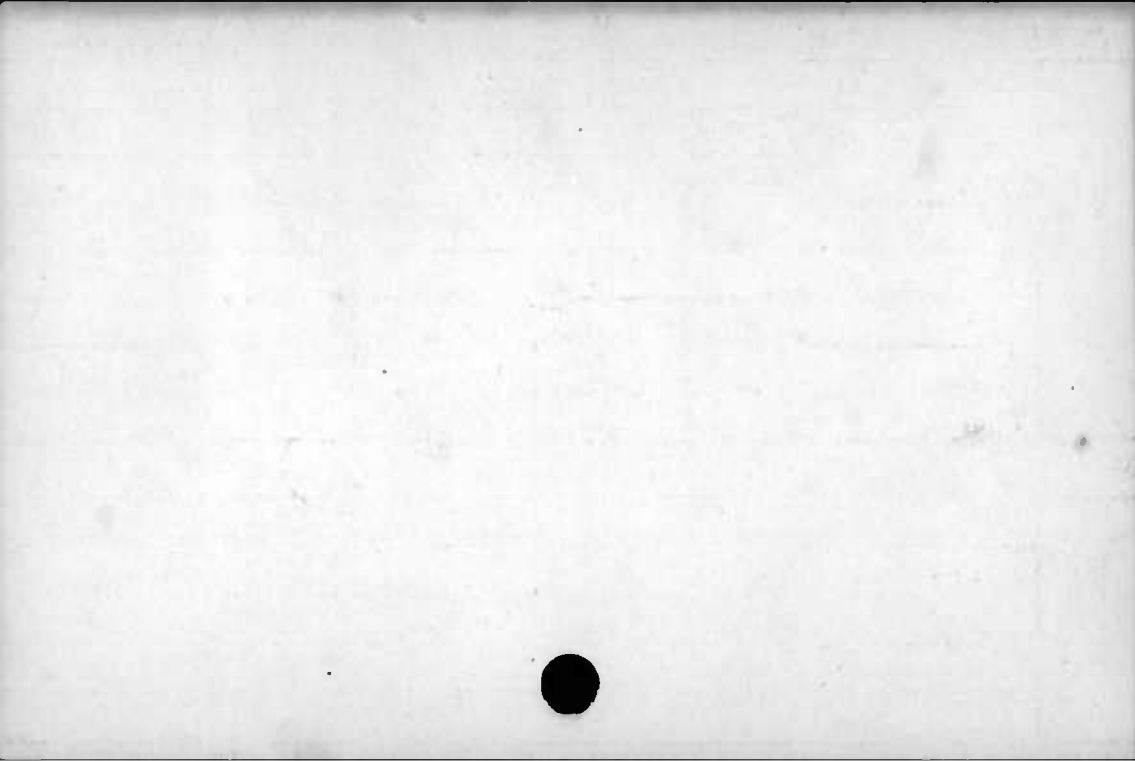
Died at <i>Round Bay</i> Town		<i>Ad</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>9th</i>	Age <i>48</i> Years	Months <i>9</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brunswick</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edward Brehler</i>				
Father's Name <i>August B. Staerk</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Christina Arneth</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Lena Scott</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>Six Months</i>
Immediate <i>Coma</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Ridout M.D.</i>
<i>Granton Danville, Conn.</i>	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>No</i>	<i>R. J. D. No 1</i>



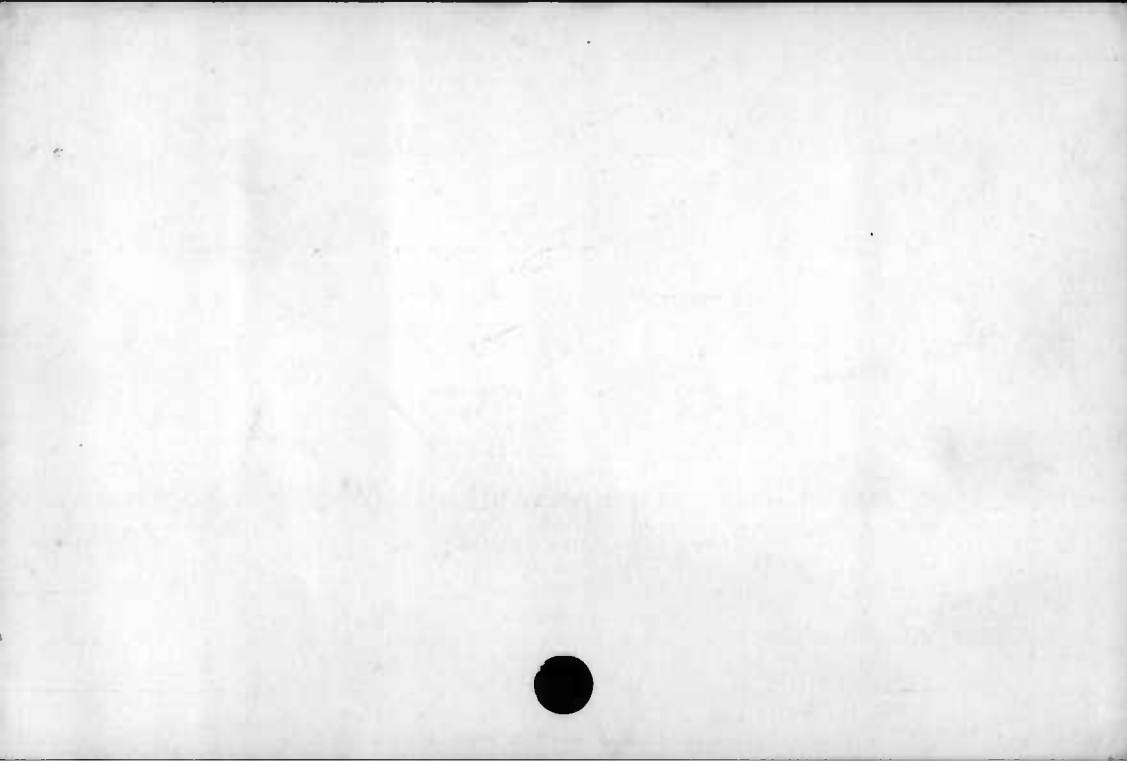


Name in Full		CERTIFICATE OF DEATH			
Mary Magdalena Bruton		Town Annapolis		County a. a. c.	
Died at		MAYLAND			
Date of death		1908	Month May	Day 23	Age —
Sex Female		Color or Race Colored	Birth-place German Town		
Occupation unknown		Where Residing if not at place of death German town			
Married, Single or Widowed Single		Name of Wife or Husband Son unknown			
Father's Name Capt. Bruton		Father's Birthplace Waynesboro N.C.			
Mother's Maiden Name Ella Crump		Mother's Birthplace Wayne N.C.			
Name of person giving information Capt. Bruton		How related to deceased Father			
CAUSES OF DEATH					
Primary Gastro Enteritis		How long Several days			
Immediate Asthenia		How long Gradual			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Ridout			
		Address Annapolis Md.			
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

105



Name  
in  
Full

Rosa Matilda Burgess

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

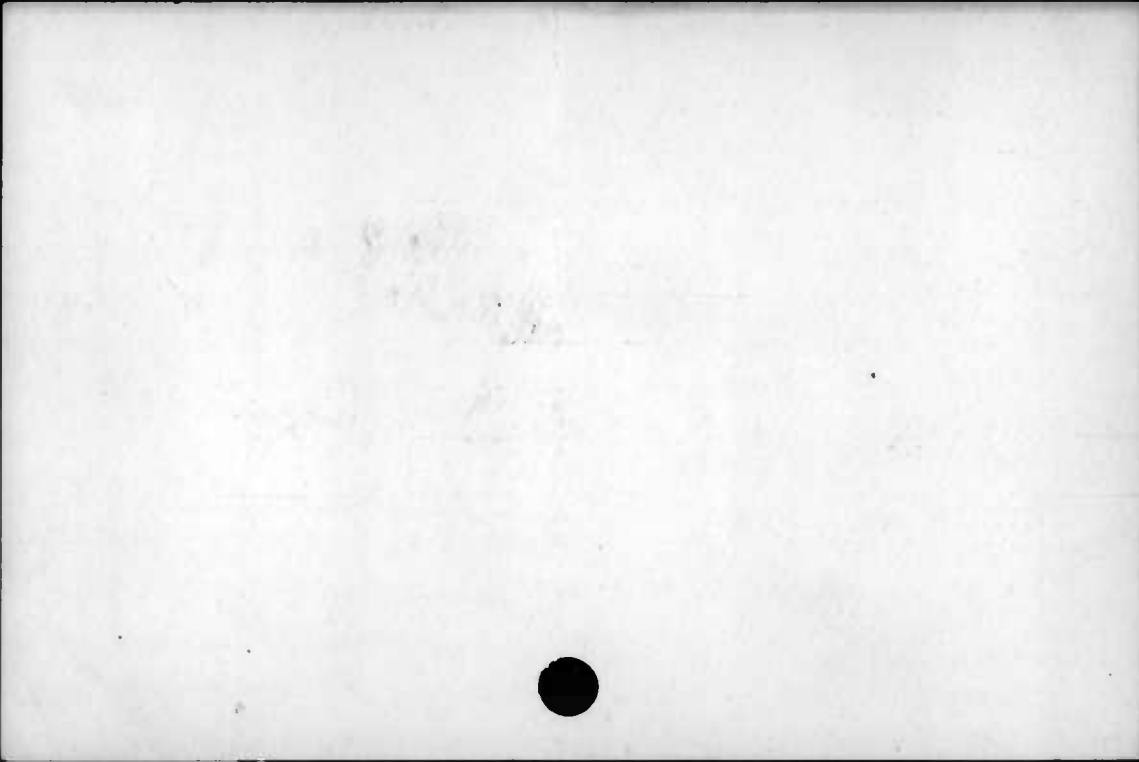
Died at <i>Linthicum Station</i>		<i>A. A.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>14</i>	Age <i>35</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co.</i>	
Occupation <i>None</i>			Where Residing if not at place of death <i>Linthicum, A. A. Co.</i>		
<del>Married</del> Single or <del>Widowed</del>		Name of <del>Wife</del> Husband <i>None</i>			
Father's Name <i>Frank P. Burgess</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sophia Kirby</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank P. Burgess</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

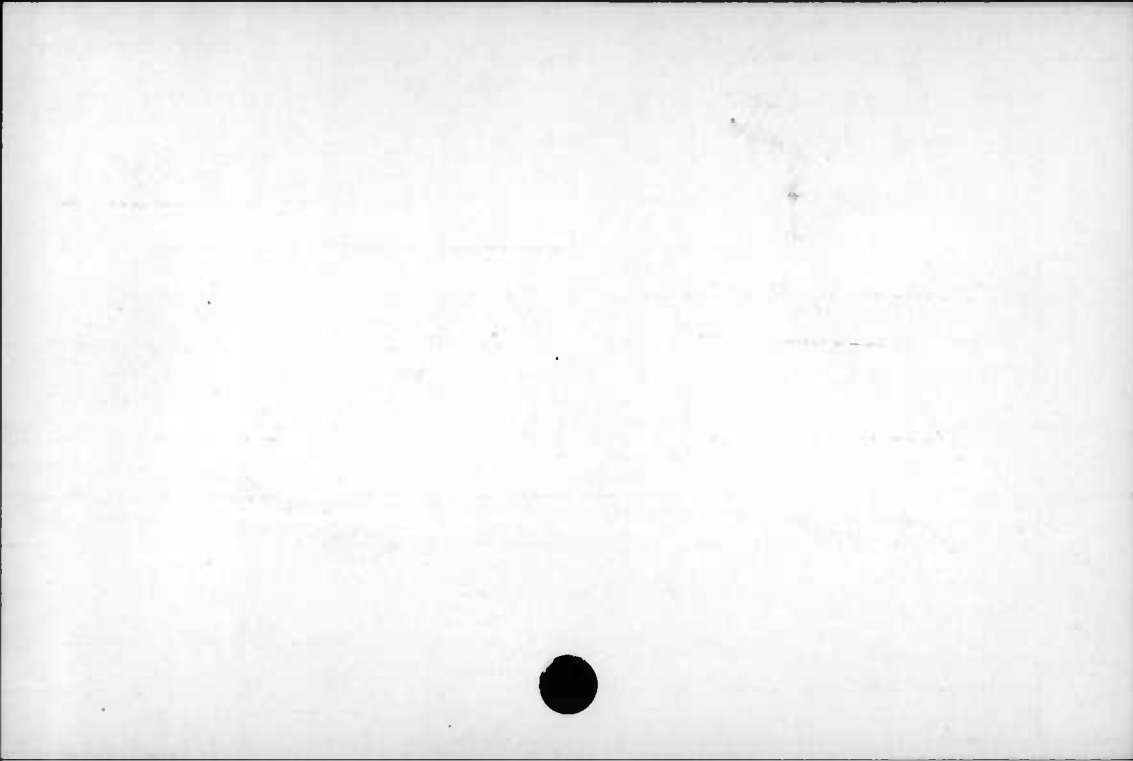
27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several years</i>
Immediate <i>Haemoptysis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. R. Eareckson</i>
	Address <i>Eek Ridge</i>
Accident or Suicide? <i>2</i>	



Name in Full		Thermetta J. Burley				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County							
		German town		A A Co		MARYLAND							
		Date of death		Month		Day		Years		Months		Days	
		1908		May		14		Age		2			
		Sex		Female		Color or Race		col		Birth-place		A A Co	
		Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband									
Father's Name		John Burley		Father's Birthplace		A A Co							
Mother's Maiden Name		Sidonia Mahokie		Mother's Birthplace		A A Co							
Name of person giving information		Mother		How related to deceased									
				CAUSES OF DEATH		105							
PHYSICIAN OR CORONER		Primary		Gastric Enteritis		How long							
		Immediate		Asthma		Gradual							
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician							
				Address		John Ridout							
		Accident or Suicide?				Annapolis Md							



Name  
in  
Full

Annie E Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

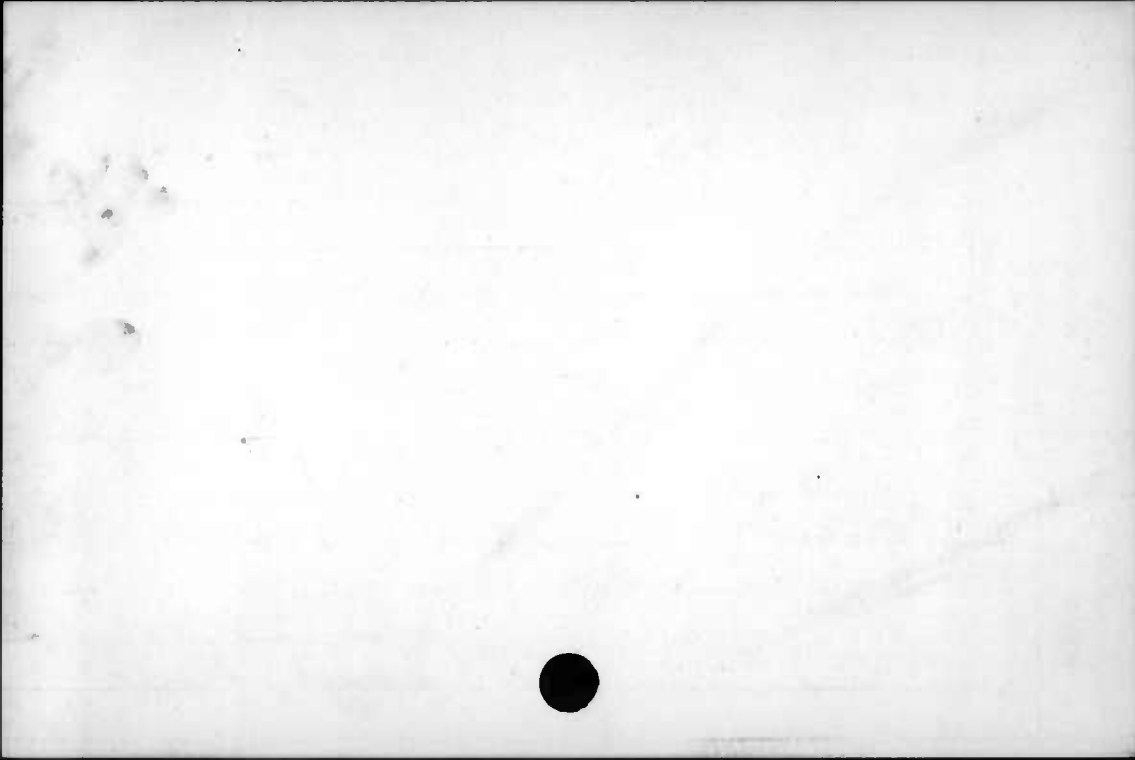
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>5</i> <sup>Age</sup>	<i>1</i> <sup>Months</sup>	<i>15</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Annapolis</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>					
Father's Name			Father's Birthplace		
<i>John P Collins</i>			<i>Annapolis Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Rosie Mahew</i>			<i>Crownsville Md</i>		
Name of person giving information			How related to deceased		
<i>John P Collins</i>			<i>Father</i>		

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	<i>Cerebro spinal Meningitis</i>	How long	<i>5 days</i>
Immediate	<i>Convulsions</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm S. Welch</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide?			
<i>No</i>			





Name

In  
Full

Capt Nicholas George Collison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

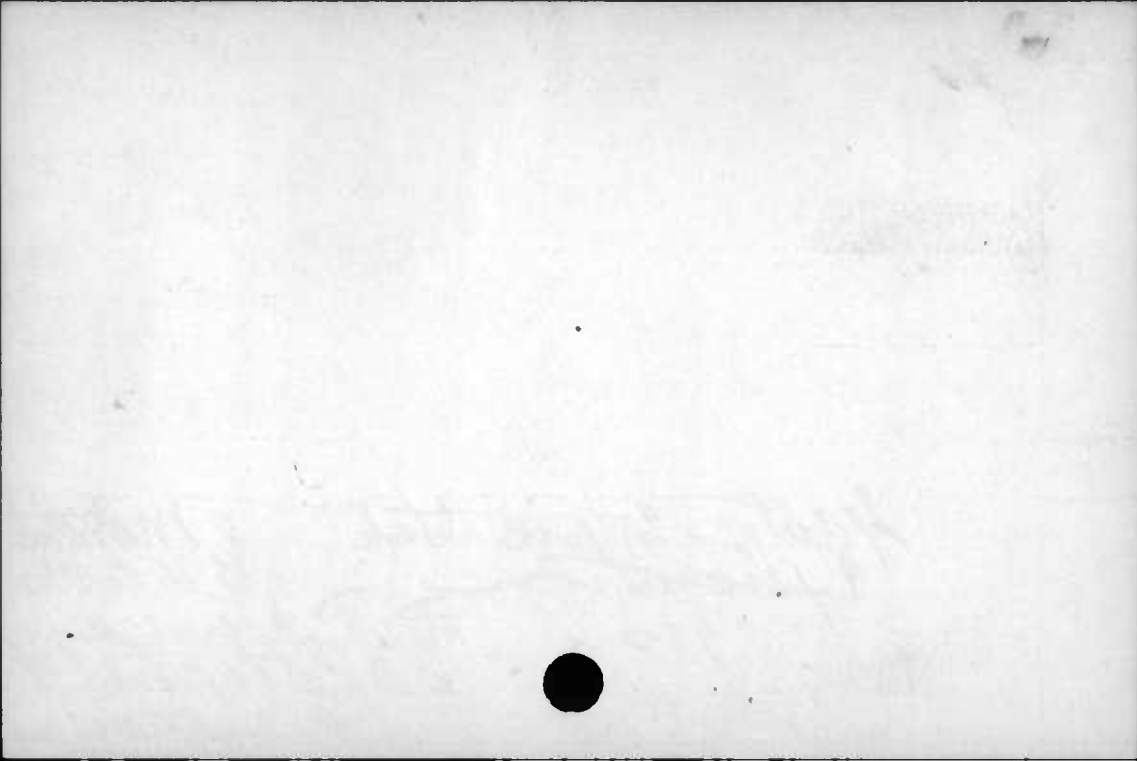
Died at <i>Mayo</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>May</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <i>77</i> <small>Years</small>	<small>Months</small>	<small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Herband</i>			
Father's Name <i>William Collison</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sarah Sewell</i>			Mother's Birthplace <i>Talbot Co.</i>		
Name of person giving information <i>Susie Brown</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of stomach and</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion intestines.</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Collison</i>	
		Address <i>South Ruie</i>	
Accident or Suicide?		<i>Md.</i>	



Name  
in  
Full

Elizabeth Duvall

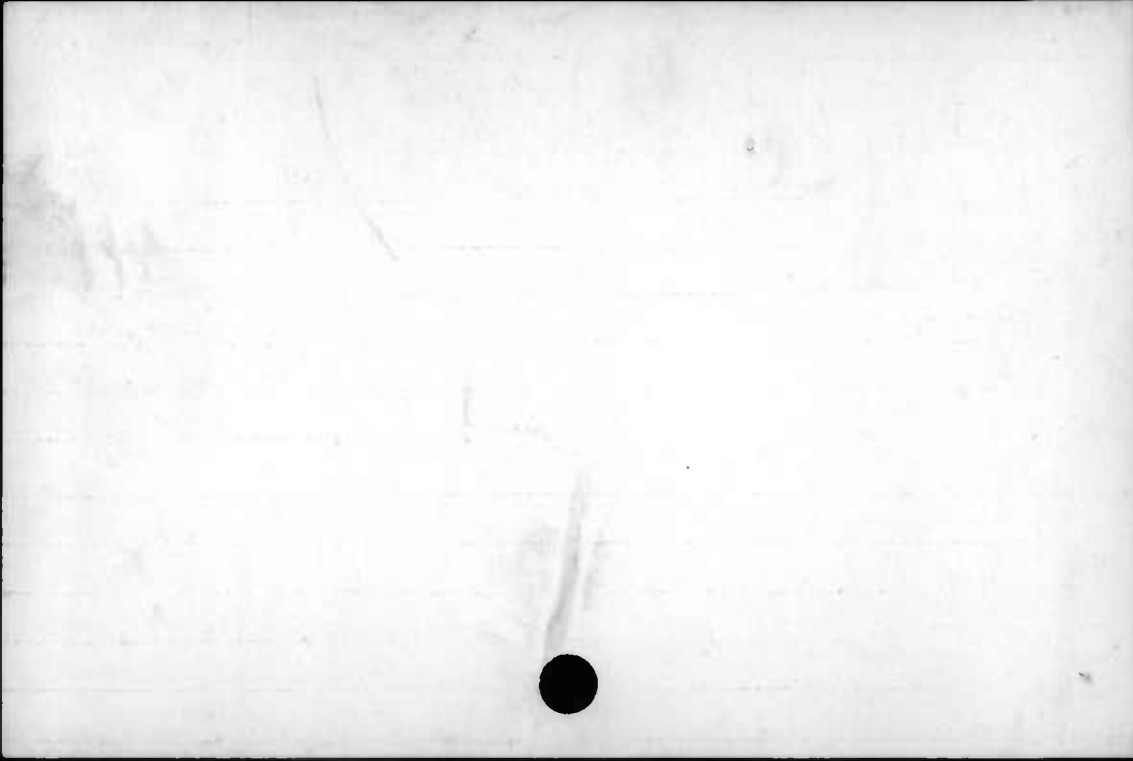
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Md</i>		County <i>A.A. Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>5<sup>th</sup></i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Prince George's Co Md</i>				
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>45 Franklin St</i>						
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Gabriel E. Duvall (deceased)</i>						
Father's Name <i>Gate Duvall</i>	Father's Birthplace <i>A. A. Co Md</i>						
Mother's Maiden Name <i>Lizzie Brown</i>	Mother's Birthplace <i>11 11</i>						
Name of person giving information <i>Joseph Duvall</i>	How related to deceased <i>son</i>						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Gastro-Enteric Catarrh</i>	How long <i>7 Months</i>
	Immediate	<i>Exhaustion</i>	How long <i>3 Weeks</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Ylo</i>	Signature of Physician <i>Dr. P. Keene</i>
	Address <i>60 Cathedral St Annapolis Md</i>		
Accident or Suicide?		<i>N.O.</i>	



Name  
in  
Full

Anita Maria Ebling

## CERTIFICATE OF DEATH

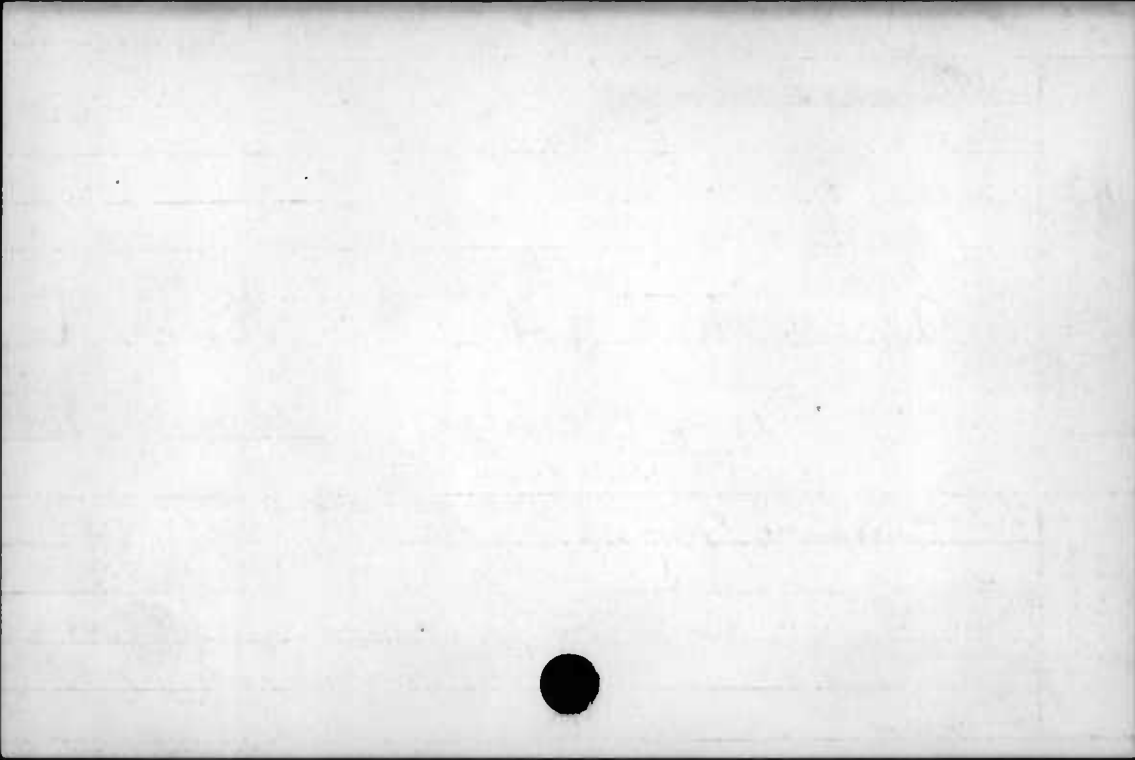
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>Co.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>May</u> <sup>Month</sup>	<u>6</u> <sup>Day</sup>	<u>53</u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>house wife</u>	Where Residing if not at place of death <u>Dr. Drever's farm, A.A.C.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Ebling</u>				
Father's Name <u>John Michael Kohn</u>	Father's Birthplace <u>Eichfeld Germany</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Henry Ebling</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>By Railway Car at Wrenn &amp; Co. County</u>	How long
Immediate <u>(166)</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Carone John H. Dones</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u>Accident</u>	



Name  
in  
Full

Benjamin Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

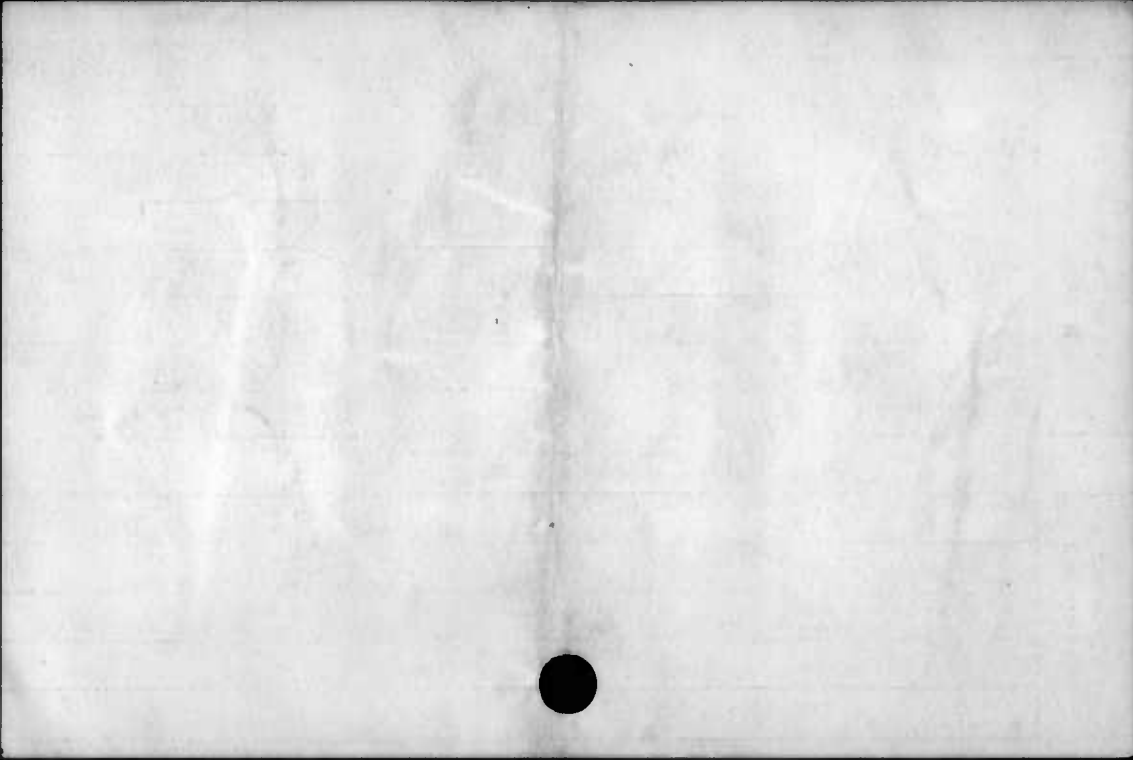
Died at <i>Sage Bottom Md</i>		County <i>a. a. co</i>		MARYLAND									
Date of death	1908	Month	17	Day	May	Age	21 2	Years	—	Months	—	Days	—
Sex	<i>male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Nest River</i>						
Occupation	<i>waiter</i>				Where Residing if not at place of death		<i>Sage Bottom</i>						
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		—								
Father's Name	<i>Benjamin Gibson</i>					Father's Birthplace	<i>Nest River</i>						
Mother's Maiden Name	<i>Charlattia Boston</i>					Mother's Birthplace	<i>Nest River</i>						
Name of person giving information	<i>Benjamin Gibson</i>					How related to deceased	<i>Father</i>						

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>		How long	<i>Months</i>
Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>John Ridout</i>		
		Address		
		<i>Annapolis Md</i>		
Accident or Suicide?				





Name  
in  
Full

Annie Holland.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	1		2	1	
Sex	Female		Color or Race	Colored		Birth-place	A. A. Co.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	David Holland					Father's Birthplace	A. A. Co.
Mother's Maiden Name	Josephine Lanmond					Mother's Birthplace	A. A. Co.
Name of person giving information	Charles White					How related to deceased	Friend

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Broncho-pneumonia	How long	Two weeks
Immediate	Meningitis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James P. Bellingsha MD
		Address	Armyer Md
Accident or Suicide?	No		



Name  
in  
Full

Michael How

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

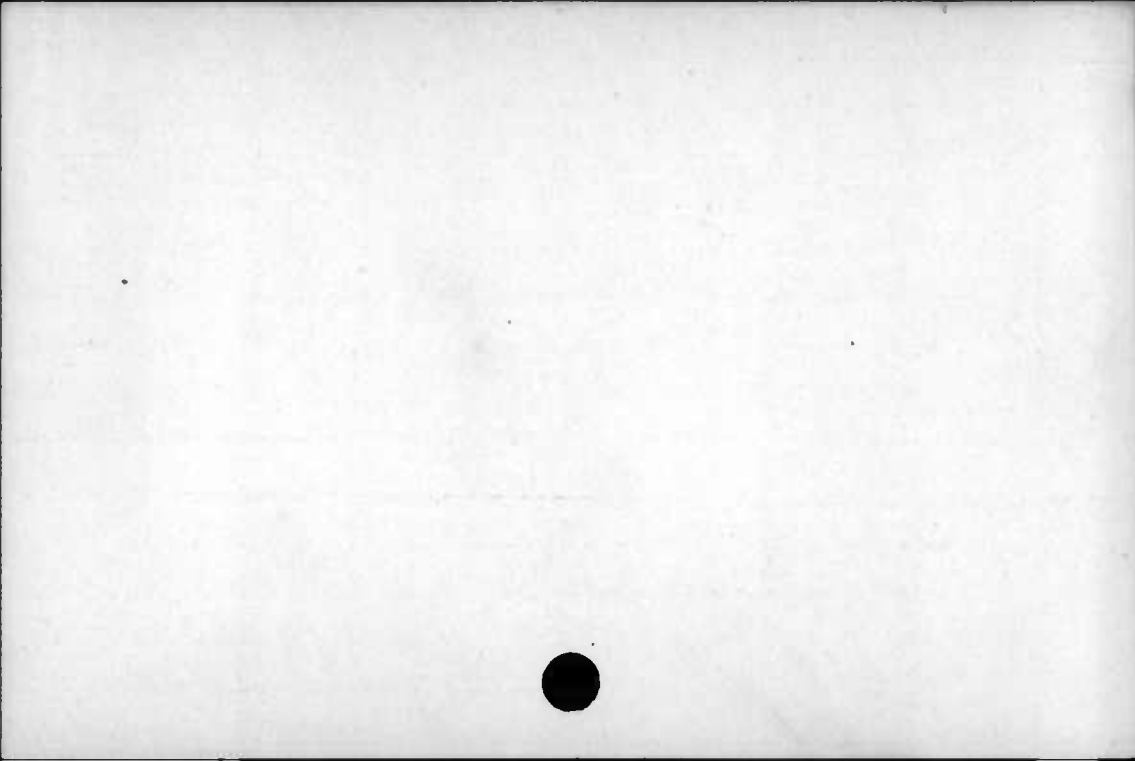
Died at <u>Mays</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1908</u> <u>5<sup>th</sup></u> Month		<u>6<sup>th</sup></u> Day		Age <u>71</u> Years	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>England</u>	
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>James How</u>		Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Esther Blenny</u>		Mother's Birthplace <u>England</u>			
Name of person giving information <u>Dr David Denese</u>		How related to deceased <u>Son in law</u>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Old age</u>	How long
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Collinson</u>
	Address <u>South River</u>
Accident or Suicide?	<u>Nd.</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

James Alexis Iglehart

Town

County

MARYLAND

Died at

Davidsonville Anne Arundel

Date

of death 1908 May

Month

Day

14

Years

Age 83

Months

1

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place1<sup>st</sup> Dist. A. D. C.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Maria Deborah Welch

Father's  
Name

Thomas Iglehart

Father's  
Birthplace1<sup>st</sup> Dist. A. D. C.Mother's  
Maiden Name

Ann Luckett

Mother's  
Birthplace

Virginia

Name of person giving  
Information

B R Davidson

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

79

Primary

Age

How long

Immediate

Valvular Heart Disease

How long

one year

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

B R Davidson

Address

Davidsonville  
Maryland

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Annie Leemann.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

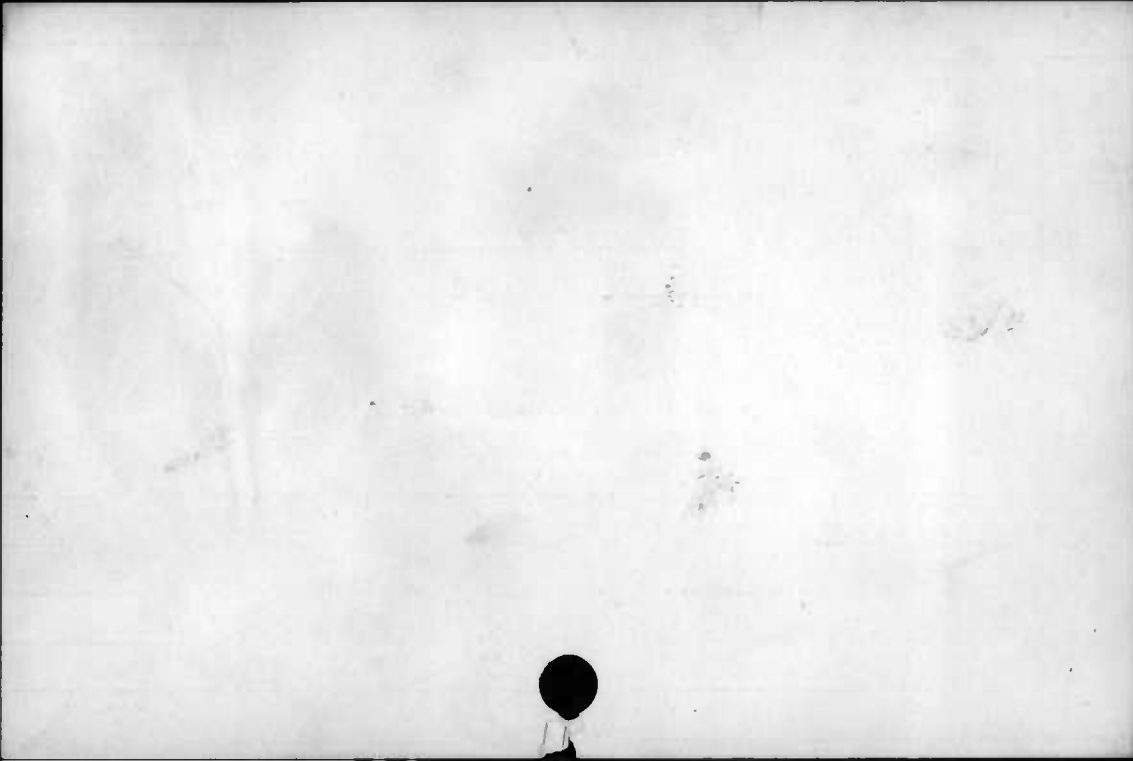
Died at <i>Eastport.</i>		Town <i>Eastport.</i>		County <i>A. A. Co.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>30</i>	Age <i>35</i>	Years <i>35</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Prince George Co.</i>				
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Eastport, Ind.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>George Leemann</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Alia Leemann</i>	Mother's Birthplace <i>Prince George Co. Ind.</i>						
Name of person giving information <i>Mary Leemann</i>	How related to deceased <i>sister.</i>						

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Liver</i>	How long <i>3 or 4 mos.</i>
Immediate <i>General Anasarca</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis B. Heubel Jr</i>
	Address <i>Amesbury, Ind.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

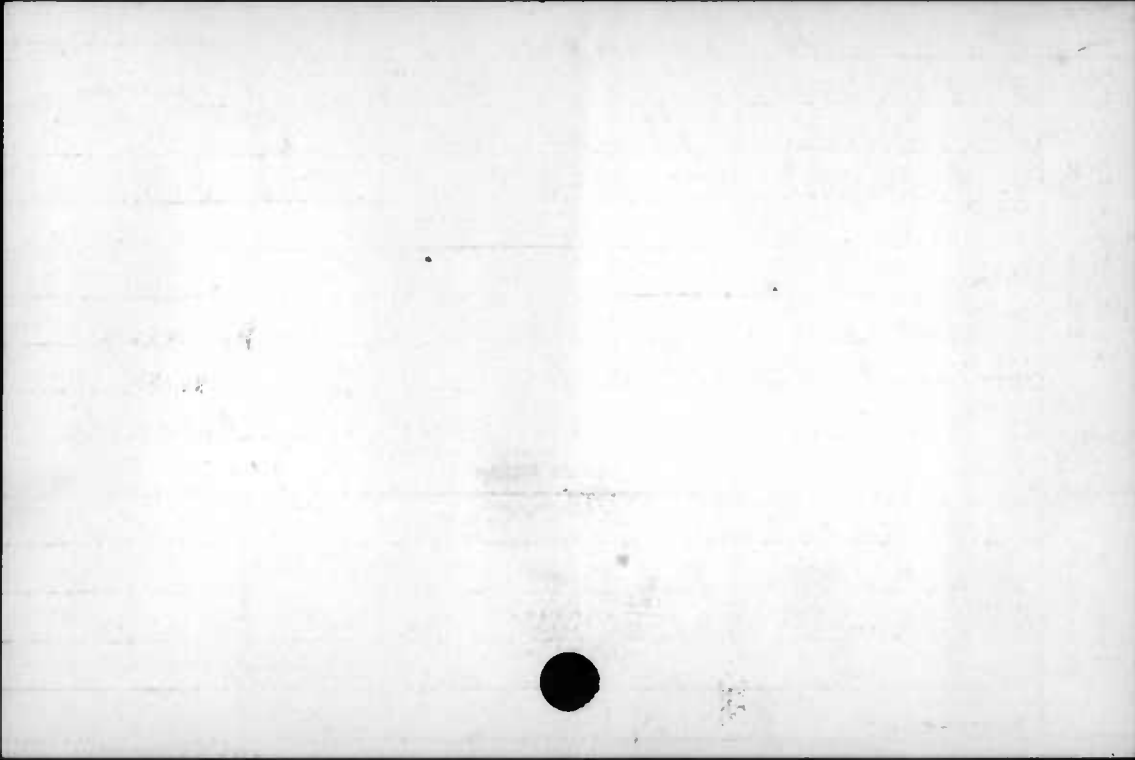
Name in Full <i>Amelia H. Jansen</i>		Town <i>So. Baltg.</i>		County <i>A. A.</i>		MARYLAND	
Died at <i>So. Baltg.</i>		Date of death <i>1908 May 13</i>		Age <i>1</i> Years		Months <i>6</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>So. Baltg., Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward J. Jansen</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Annie Holst</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Edward J. Jansen</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(95)

PHYSICIAN  
OR CORONER

Primary <i>Congestion of Lungs</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Horton M.D.</i>
	Address <i>So. Baltg., Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Offie M. Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

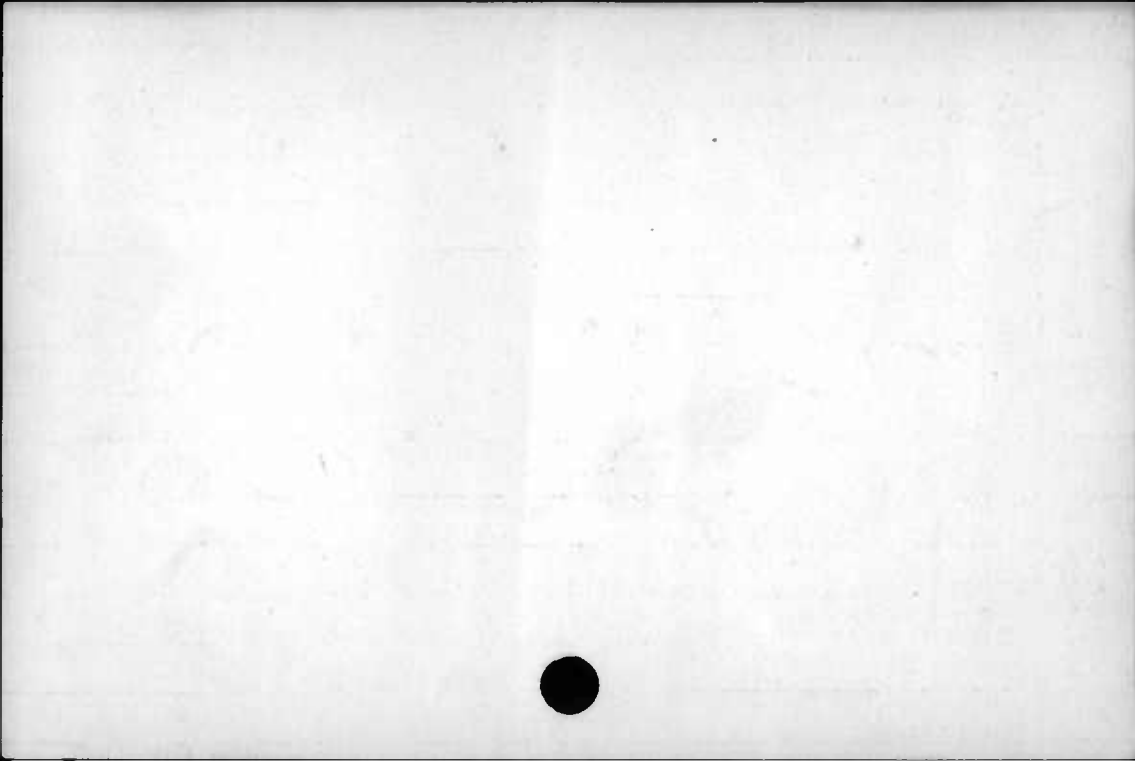
Died at <i>Annapolis</i> <sup>Town</sup>		<i>A--A--</i> <sup>County</sup>	
Date of death <i>1908</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>18</i> <sup>Years</sup>	<i>34</i> <sup>Months</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>South River Md</i>	
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>44 Bryan's Alley</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Joseph Harris</i>	Father's Birthplace <i>Calvert Co Md</i>		
Mother's Maiden Name <i>Susan Anderson</i>	Mother's Birthplace <i>Calvert, Md</i>		
Name of person giving information <i>Kate Harris</i>	How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Gastritis (subacute)</i>	How long <i>One month</i>
Immediate <i>Organic heart disease (carditis)</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. P. Rouse</i>
	Address <i>60 Catharine St</i>
Accident or Suicide? <i>no</i>	<i>Annapolis Md</i>



Name  
in  
Full

Thomas J. Johnson.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

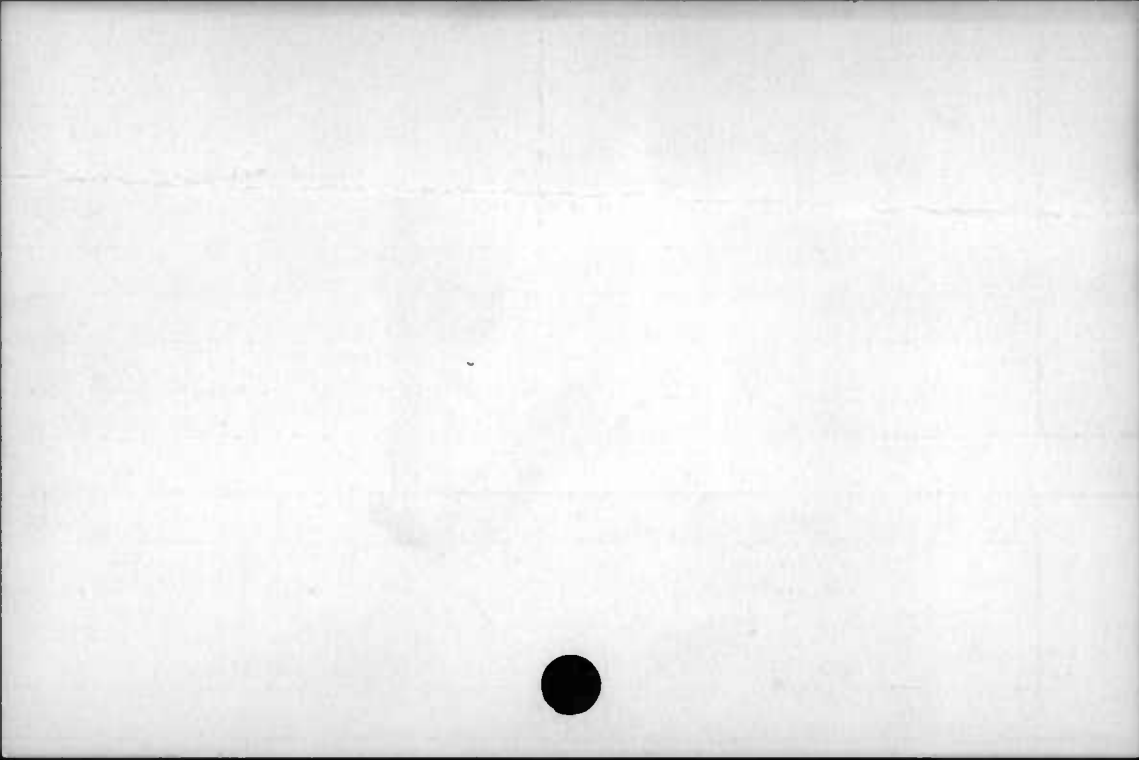
Died at <i>Curtis Bay</i> Town		<i>Annerunde</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>10</i>	Age <i>57</i> Years	Months <i>3</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Brick layer</i>			Where Residing if not at place of death		
Married, <del>Single</del> <i>married</i>	Name of Wife or Husband <i>Josephine Johnson</i>				
Father's Name <i>Thomas J. Johnson</i>	Father's Birthplace <i>Balto Md</i>				
Mother's Maiden Name <i>Charalott Penn.</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Thomas J. Jefferson, Jr.</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Myocarditis with arterio-sclerosis</i>	How long	<i>Several months</i>
Immediate	<i>Angina pectoris</i>	How long	<i>Very short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. L. Whitney M. D.</i>	
		Address <i>1103 Linden Ave</i>	
		<i>Baltimore Md.</i>	
Accident or Suicide?			



Name  
in  
Full

A. Maria Rozowski

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Waltham</i> <sup>Town</sup>		<i>Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>26</i> <sup>Years</sup> <i>2</i>		<sup>Months</sup> <i>3</i>		<sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Austria</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>in Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Matthieu Rozowski</i>		Father's Birthplace <i>Austria</i>			
Mother's Maiden Name <i>Mary Ryszan</i>		Mother's Birthplace <i>Austria</i>			
Name of person giving information <i>Charles Rozinski</i>		How related to deceased <i>Friend</i>			

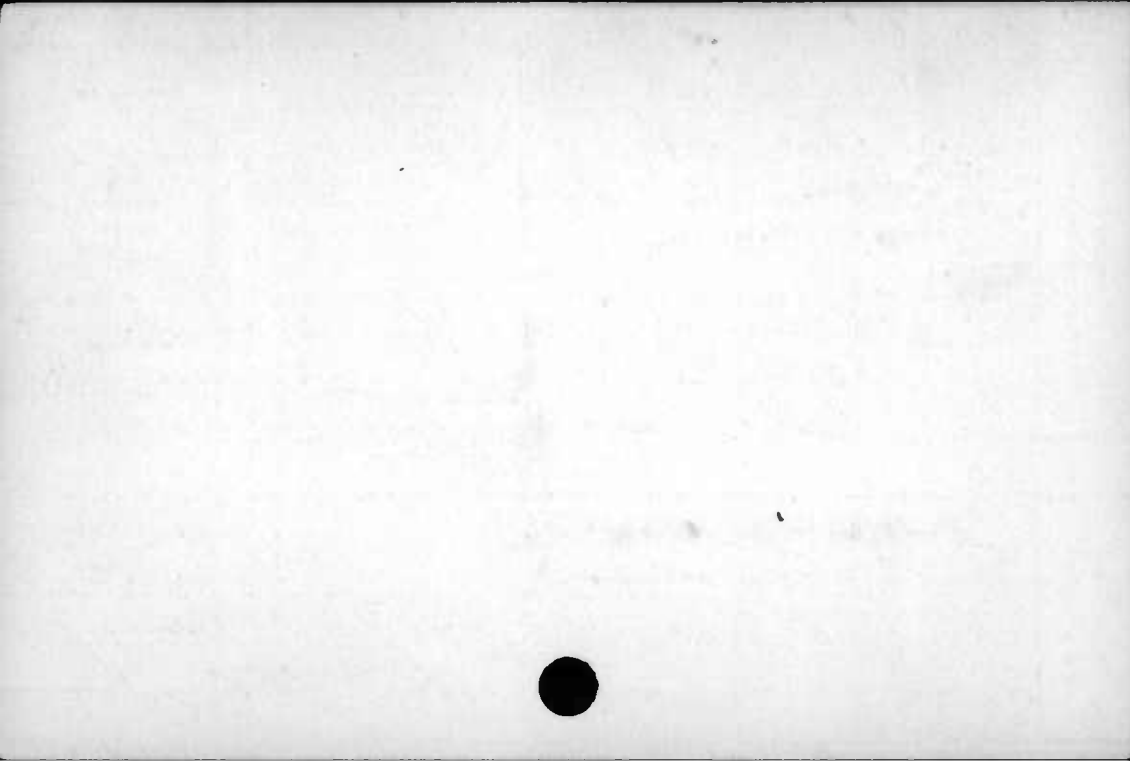
Struck by electric car at crossing of roads.

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary <i>Fracture of the skull</i>	How long <i>Immediate</i>
Immediate <i>Shock. Concussing Brain</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Winters</i>
	Address <i>Hanover</i>
Accident or <i>Railroad accident.</i>	<i>MA</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

Stephan Kozrub

7

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *So. Bally,* <sup>Town</sup> *a. a.* <sup>County</sup> *a. a.* <sup>MARYLAND</sup>

Date of death *1908* <sup>Month</sup> *May* <sup>Day</sup> *16* <sup>Age</sup> *—* <sup>Years</sup> *—* <sup>Months</sup> *9* <sup>Days</sup> *—*

Sex *Male* <sup>Color or Race</sup> *white* <sup>Birth-place</sup> *So. Bally, Md.*

Occupation *—* <sup>Where Residing if not at place of death</sup> *—*

Married, Single  
or *—*Name of Wife or  
Husband *—*Father's  
Name*Alexander Kozrub*Father's  
Birthplace*Russia*Mother's  
Maiden Name*Mary Sevoronik*Mother's  
Birthplace*"*Name of person giving  
Information*Alexander Kozrub*How related  
to deceased*Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

*Entero-Colitis*

How long

*7 days*

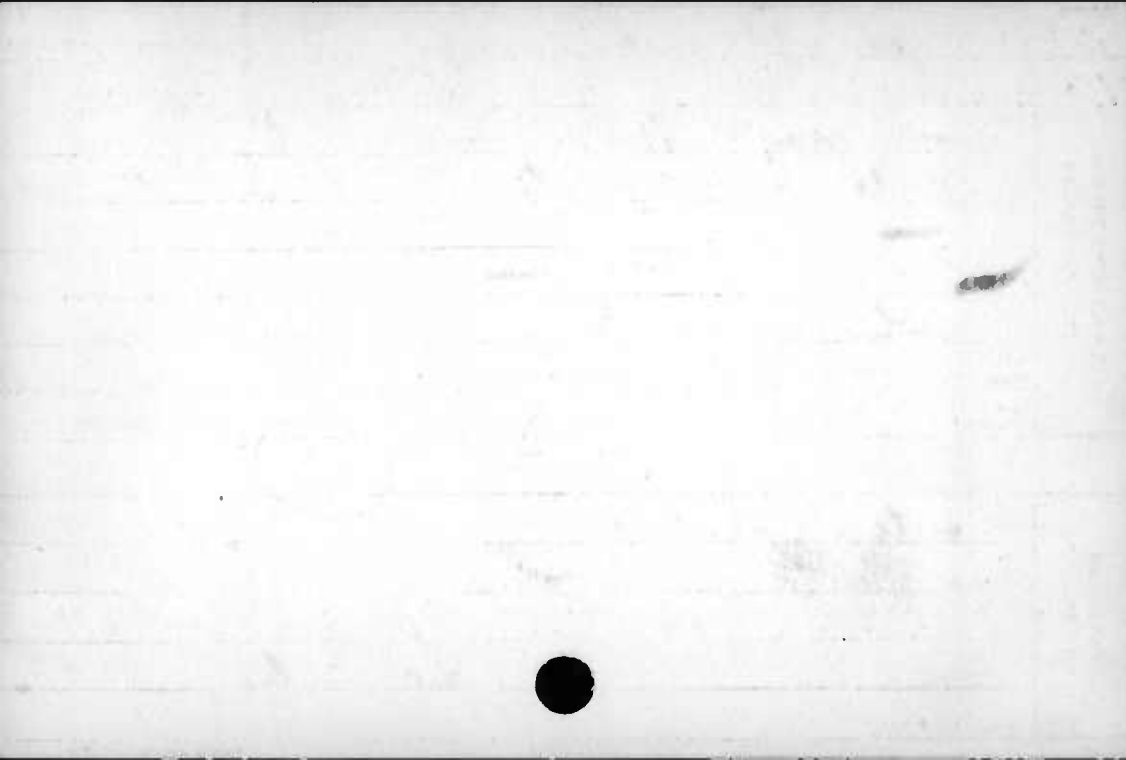
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Theo. B. Norton, Md.*  
*So. Bally, Md.*

Accident or Suicide?



Name  
in  
Full

Mieczlaw Kraieske

## CERTIFICATE OF DEATH

2

TO BE ANSWERED BY  
NEAREST FRIEND

Died at So. Balty <sup>Town</sup> A. A. <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> May <sup>Day</sup> 11 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 22

Sex Male Color or Race white Birth-place So. Balty, Md.

Occupation — Where Residing if not at place of death —

☒ Single  
or ☐ Married

Name of Wife or  
Husband —

Father's Name John Kraieske

Father's Birthplace Poland

Mother's Maiden Name Annie Krosinsky

Mother's Birthplace "

Name of person giving information John Kraieske

How related to deceased Father

## CAUSES OF DEATH

93

Primary Pneumonia

How long 7 days

Immediate

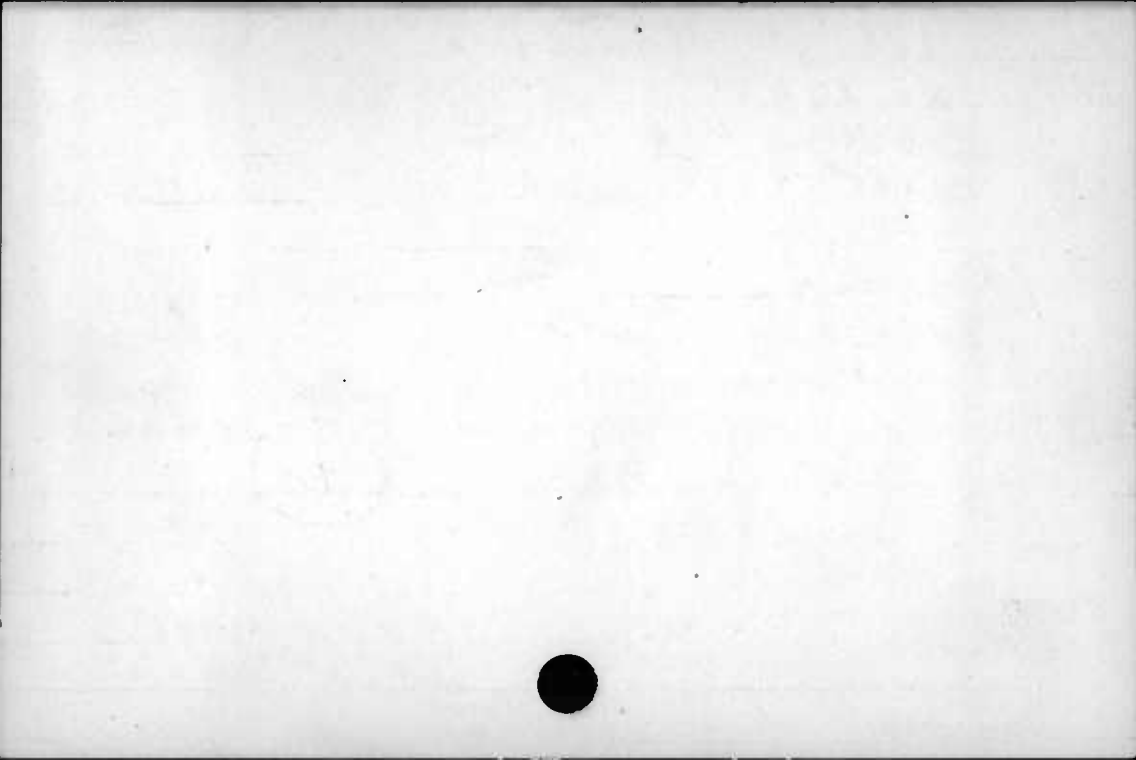
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Thos. B. Horton M.D.  
So. Balty, Md

— Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burfield</i> Town		<i>a-a-</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>May</i> Day <i>29</i>		Age <i>29</i> Years		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Burfield</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Lyle</i>				
Father's Name <i>Andrew Kusby</i>	Father's Birthplace <i>Poland</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>M. Berner</i>		How related to deceased <i>Brother-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Shell bomb</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Gant</i>
	Address <i>Millersville</i>
Accident or Suicide? <i>—</i>	

M. F. SADOWSKI,  
703 E. ANN ST.

BALTIMORE, MD.

*St. Stanislaus.*

MAY 30 1908

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Name *Lucas, Arthur Lincoln*  
 Town *Annapolis, Md* County *Anne Arundel*  
 Died at *Naval Academy, Annapolis, Md*

Date of death *1908* Month *May* Day *17* Age *20* Years Months *5* Days

Sex *Male* Color or Race *White* Birth-place *Ohio*

Occupation *Student* Where Residing if not at place of death *Naval Academy*

Married, Single or Widowed *Single* Name of Wife or Husband *Unmarried*

Father's Name *Walter Lucas* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Academy Records* How related to deceased *—*

## CAUSES OF DEATH

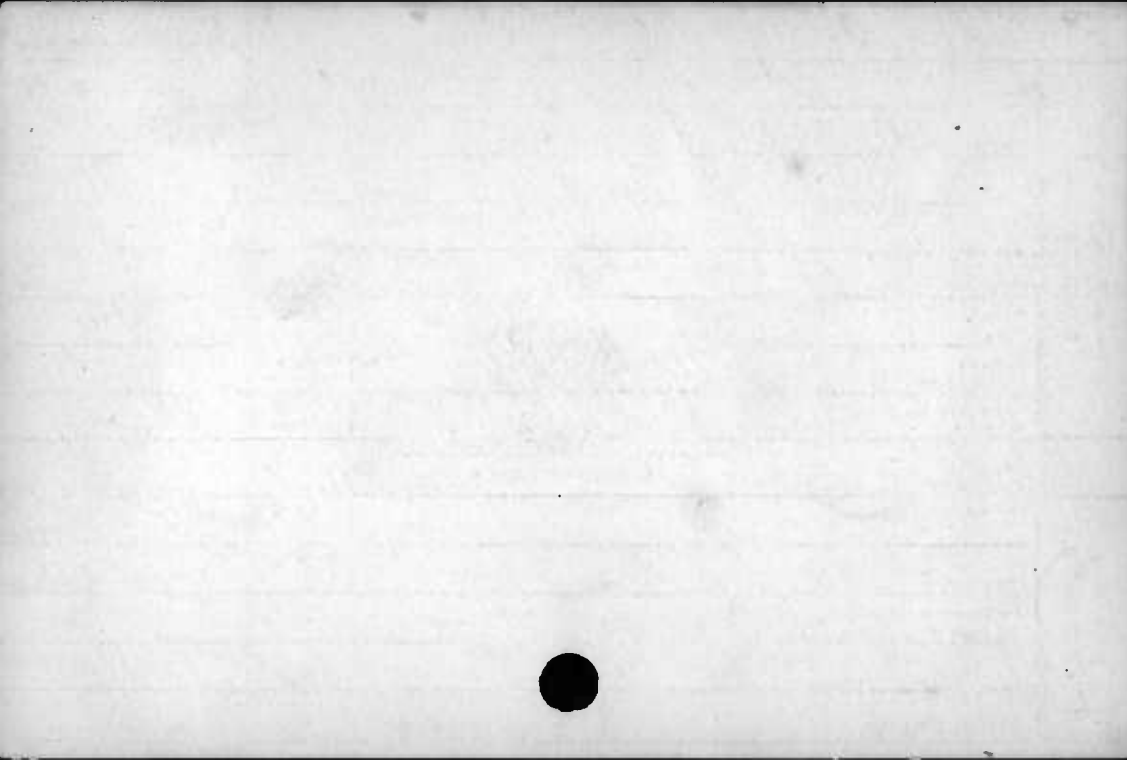
172

Primary *Drowning* How long *Instant*  
 Immediate *Drowning* How long *Instant*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. S. Nash*

Address *Naval Academy, Annapolis, Md.*

Accident or Suicide? *Accident*





Name  
in  
Full

Wm Manoskee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

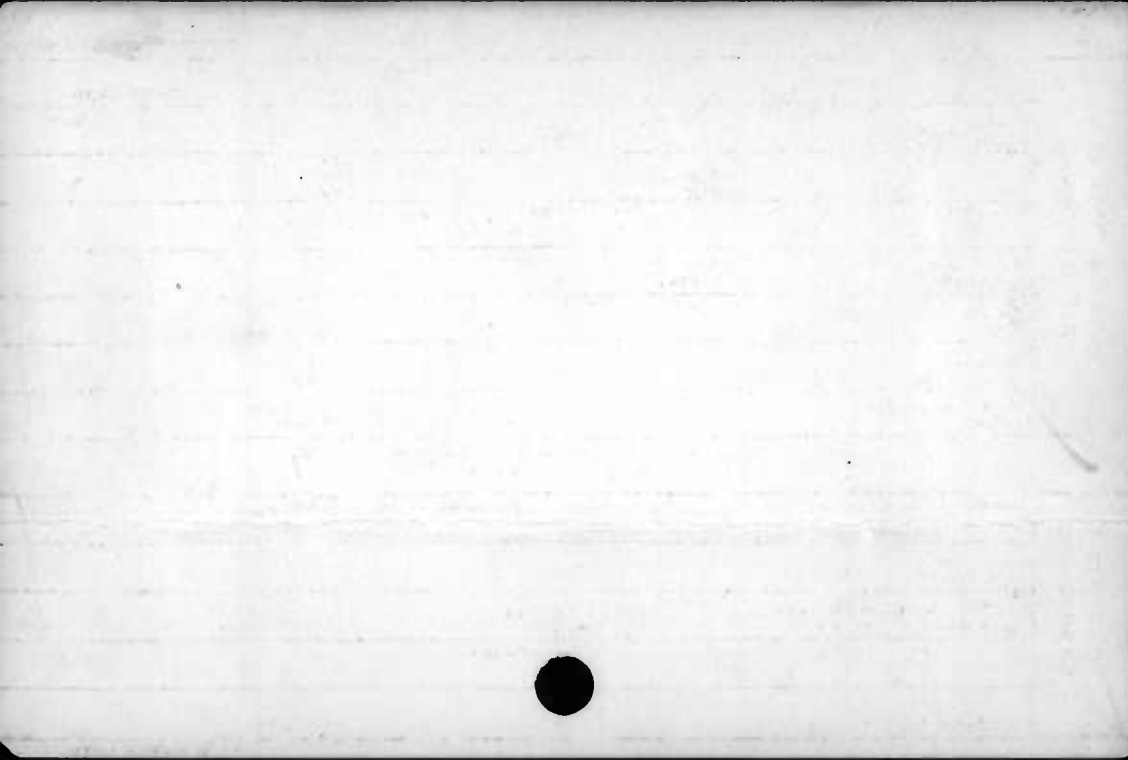
Died at <u>Watertown</u> - <u>Ann</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>23</u>	Age <u>19 (3)</u>
Sex <u>Male</u>	Color or Race <u>Afro American</u>	Birth-place <u>Maryland</u>	Months <u>—</u> Days <u>—</u>
Occupation <u>labourer</u>	Where Residing if not at place of death <u>—</u>		
<u>Married, Single or Widowed</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>unknown</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>—</u>	How related to deceased <u>—</u>		

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary <u>Back of skull crushed by some blunt instrument</u>	How long <u>—</u>
Immediate <u>Struck by Car</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. D. Joyce</u>
	Address <u>Millersville Ind.</u>
Accident or Suicide? <u>Accident</u>	<u>Justine Peter Peace acting as coroner</u>



Name  
in  
Full

William H. Mullen

## CERTIFICATE OF DEATH

Died at ~~Annapolis~~ <sup>Town</sup> Parole A.A. <sup>County</sup>

MARYLAND

Date of death | 908 <sup>Month</sup> May <sup>Day</sup> 24 <sup>Years</sup> 41 <sup>Months</sup> — <sup>Days</sup> —Sex Male Color or Race Colord Birth-place AnnapolisOccupation Labor Where Residing if not at place of death Camp Parole.Married, Single or Widowed Single Name of Wife or Husband unknownFather's Name William H. MullenFather's Birthplace Calvert Co.Mother's Maiden Name Maria WoodsMother's Birthplace Calvert Co.Name of person giving information Maria WoodsHow related to deceased Mother

## CAUSES OF DEATH

166

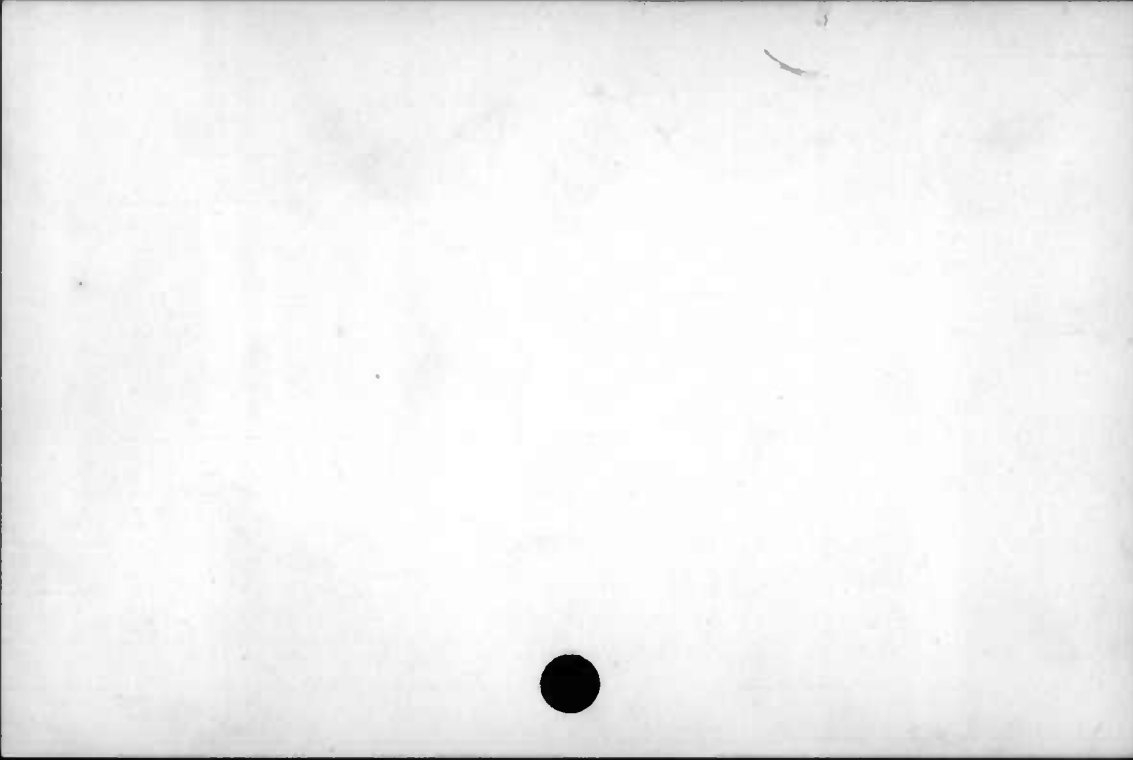
Primary Unknown. Struck by full train.Immediate Shock

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Walton H. H. H. H. H.  
Annapolis Md.Accident or Suicide? accident



Name  
in  
Full

*Geo. Niklaus*

CERTIFICATE OF DEATH

5

TO BE ANSWERED BY  
NEAREST FRIEND

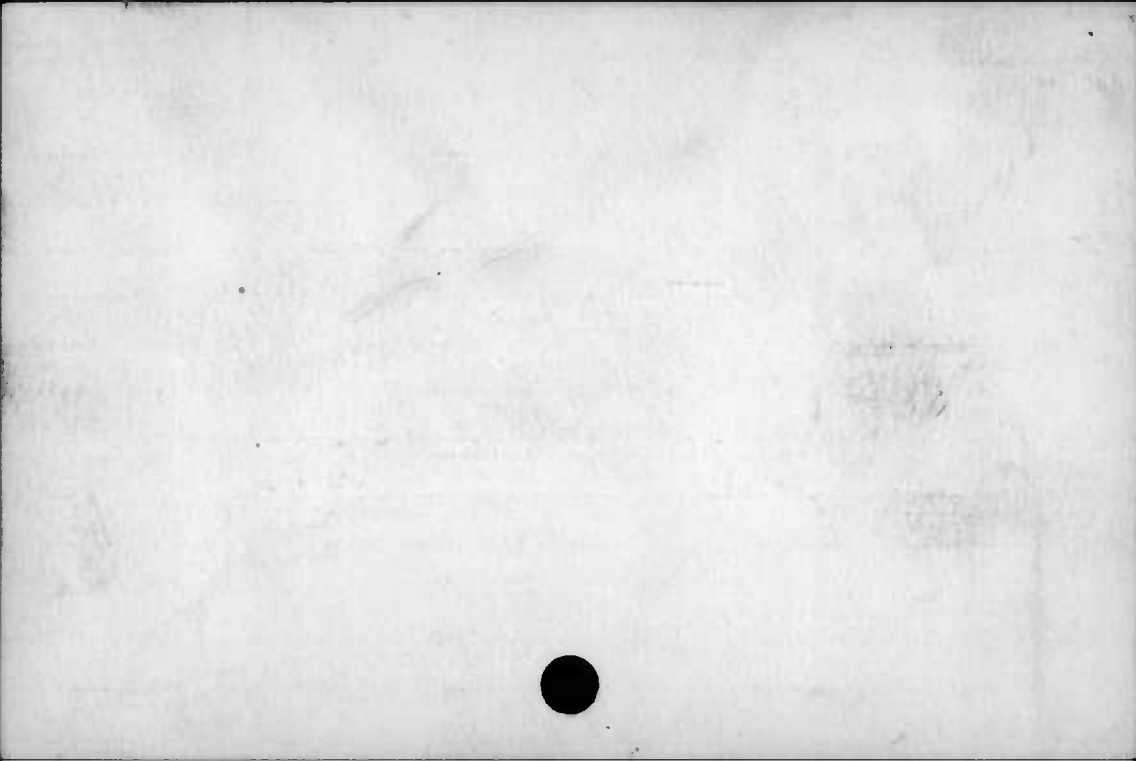
Died at <i>Marley</i> <small>Town</small>		<i>Anne Arundel Co</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>5</i>	Day <i>24</i>	Age <i>40</i>	Years <i>40</i> Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Austria Galicia</i>		
Occupation <i>Labor</i>	Where Residing if not at place of death <i>Marley A A Co</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or <i>Bronslawa Niklaus</i>				
Father's Name <i>Stanislaw Niklaus</i>	Father's Birthplace <i>Austria Galicia</i>				
Mother's Maiden Name <i>Vincenta Rybow</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Bronslawo Niklaus</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>V</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E Potee Coroner</i>
	Address <i>Brooklyn A A Co Md</i>
Accident or Suicide?	



Name  
in  
Full

Richard Ostorne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Magothy</i> <sup>Town</sup>		<i>3<sup>rd</sup> dist. Anne Arundel Co.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>18</i>
Age		Years	Months		Days
<i>2</i>		<i>2</i>		<i>—</i>	
Sex	<i>Male</i>	Color or Race	<i>Colored</i>		
Birth-place	<i>Anne Arundel Co.</i>				
Occupation	<i>Infant</i>		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		<i>—</i>			
Father's Name	<i>Jerry Ostorne</i>		Father's Birthplace	<i>A.A. Co.</i>	
Mother's Maiden Name	<i>Mary Green</i>		Mother's Birthplace	<i>A.A. Co.</i>	
Name of person giving information	<i>Jerry Ostorne</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

(90)

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis -</i>	How long	<i>2 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James S. Bellingslee MD</i>
		Address	<i>Sub-registrar 3<sup>rd</sup> dist.</i>
Accident or Suicide?	<i>No</i>		<i>A.A. Co. Md.</i>





Name  
In  
Full

Michael S. Givens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

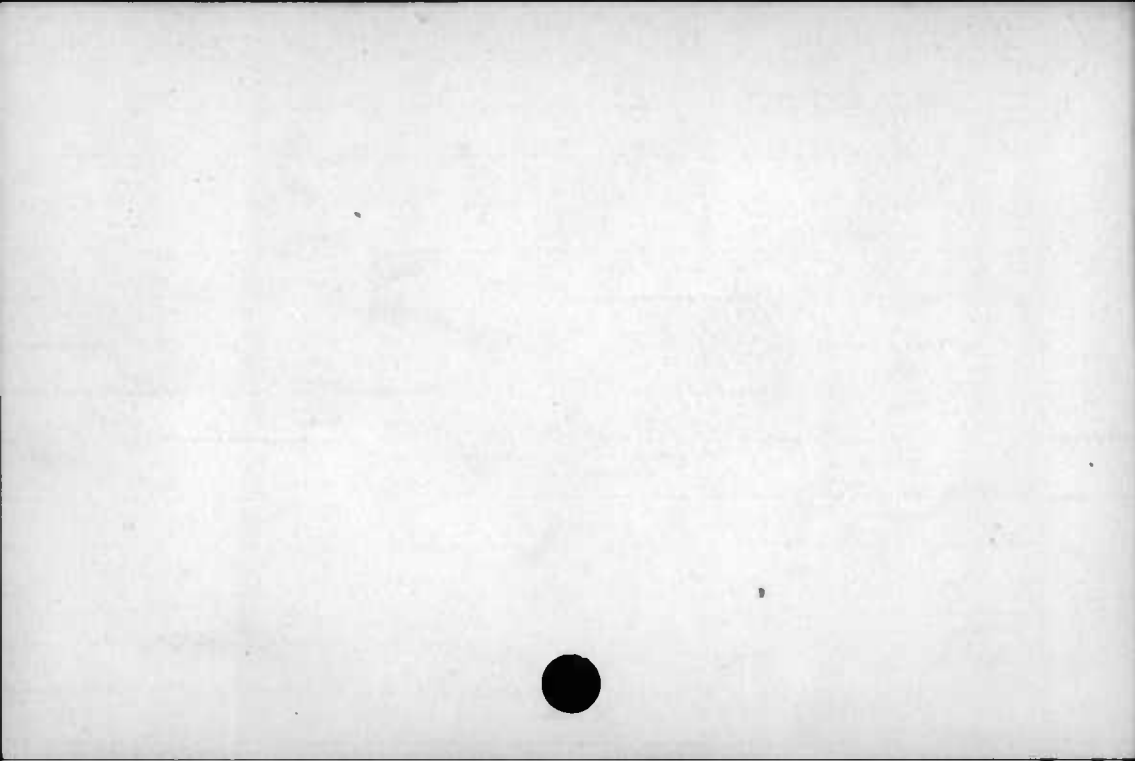
Died at <u>Annapolis</u> Town			<u>A. A.</u> County			MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>31</u>	Age <u>58</u>	Years	Months	Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Unknown</u>			
Occupation <u>Matchman</u>			Where Residing If not at place of death				
Married, Single or Widowed <u>S</u>		Name of Wife or Husband <u>None</u>					
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>E. A. Vickery</u>		How related to deceased					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Nephritis</u>	How long <u>Years</u>
Immediate <u>Uræmia</u>	How long <u>48 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. A. Vickery, P. A. Surg.</u>
	Address <u>U.S. Naval Hospital.</u>
Accident or Suicide?	



Name

in  
Full

Not named *Palmer* Still born

## CERTIFICATE OF DEATH

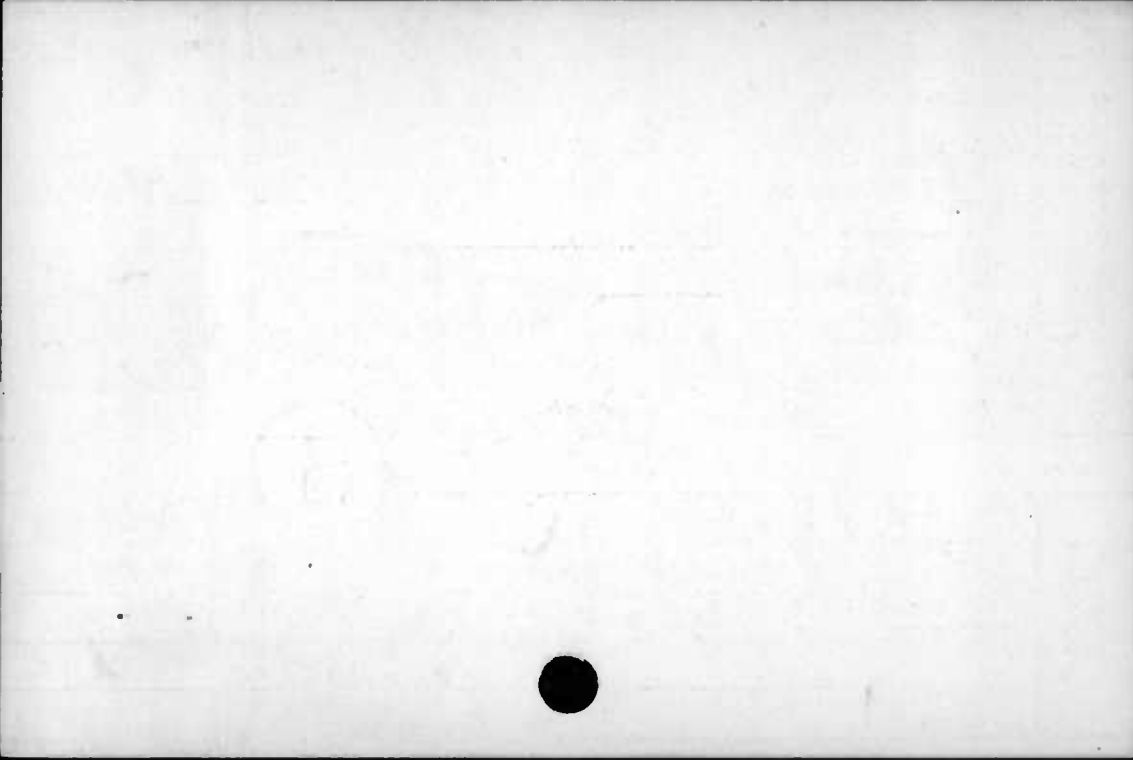
4

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>So. Balto</i>		Town		County		State		MARYLAND	
Date of death	1908	Month	May	Day	26	Age	—	Years	—
Sex		Female		Color or Race		white		Birth-place	
Occupation		—		Where Residing if not at place of death		—		So. Balto. Md.	
Married, Single or Widowed		—		Name of Wife or Husband		—			
Father's Name		Philip Palmer		Father's Birthplace		Austria			
Mother's Maiden Name		Mary Harker		Mother's Birthplace		Austria			
Name of person giving information		Philip Palmer		How related to deceased		Father			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Still born	How long	—
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>Thos. B. Norton M.D.</i>
			Address	<i>So. Balto, Md.</i>
	Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*de* **Martha Parker**

Died at : *4<sup>th</sup> dist* Town *Anne Arundel* County **MARYLAND**

Date of death **1908** Month *May* Day *18* Years *14* Months *14* Days

Sex *Female* Color or Race *Col* Birth-place *4<sup>th</sup> dist A.A. Co md*

Occupation *Not any* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Not any*

Father's Name *Washington Parker* Father's Birthplace *Rutland, Md*

Mother's Maiden Name *Martha Parker* Mother's Birthplace *Rutland, Md*

Name of person giving information *Washington Parker* How related to deceased *Father*

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *3 weeks*

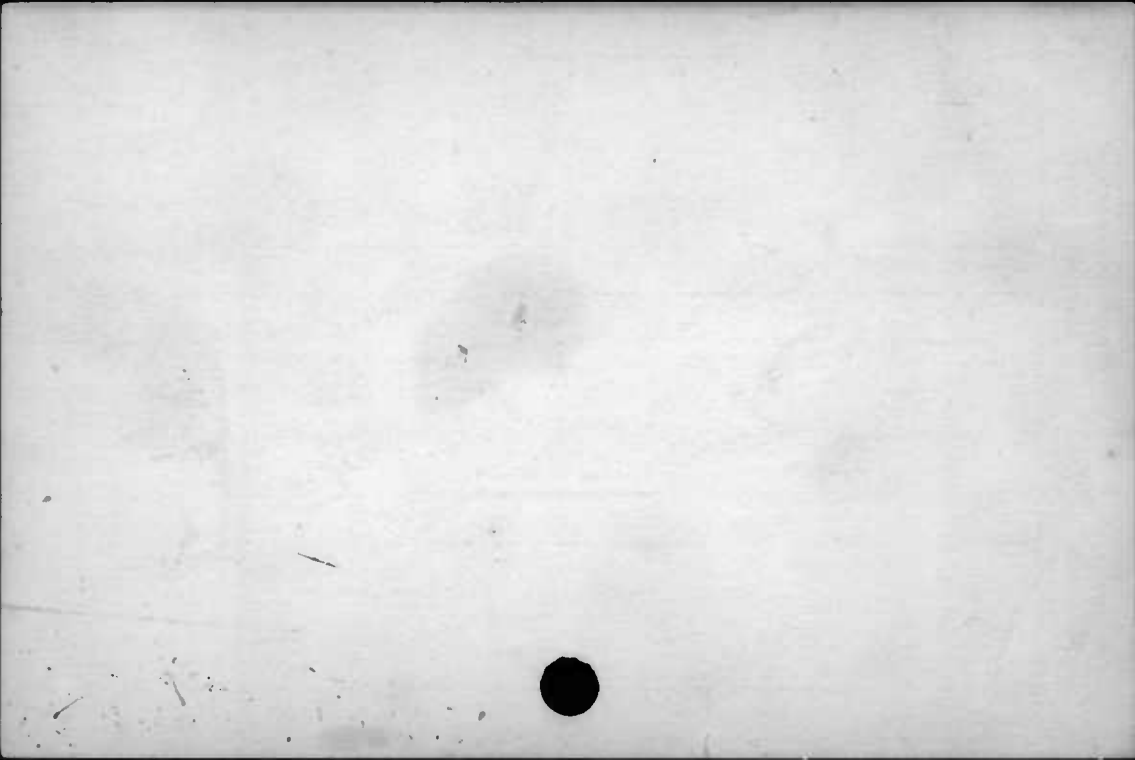
Immediate *Convulsions* How long *One hour.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

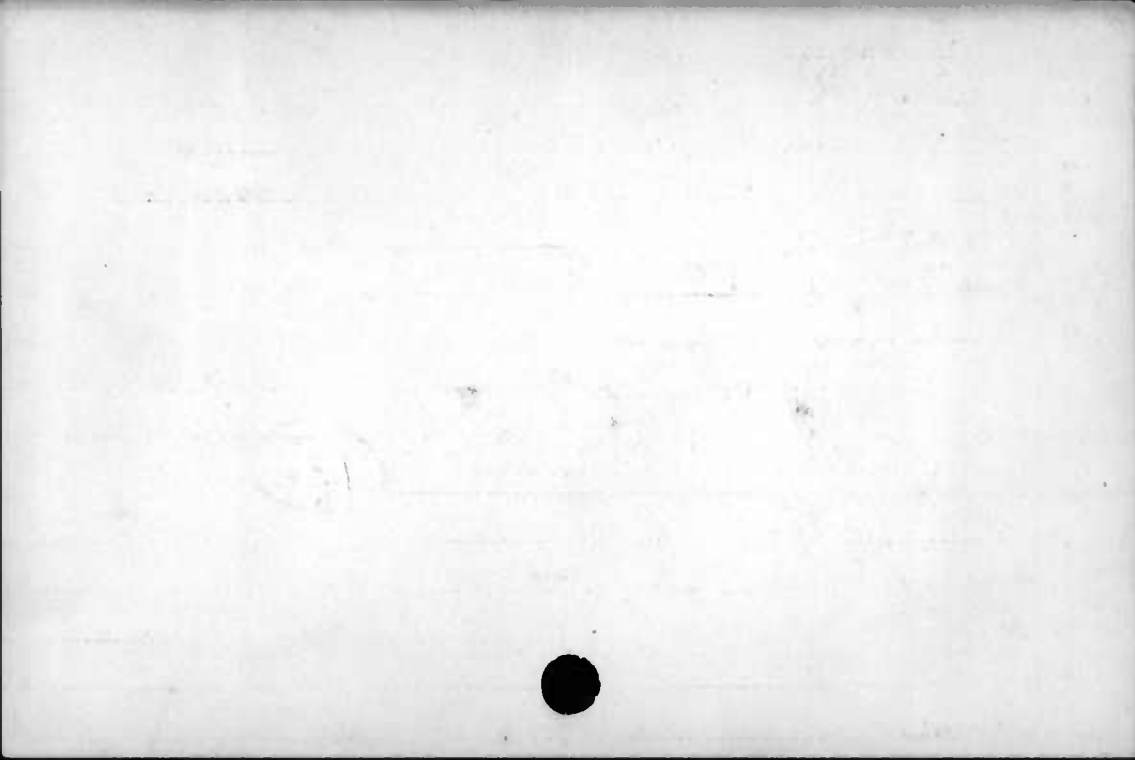
Signature of Physician *R. S. Reeves*

Address *60 Cathedral St*

*WV* Accident or Suicide? *WV* *Frederick, Md*



Name in Full		Leontina Popere				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	East Brooklyn		County		D. C.		MARYLAND	
	Date of death	1908	May	17	Age	39	Months		Days
	Sex	Female		Color or Race	white		Birth-place	Austria	
	Occupation	Housewife		Where Residing if not at place of death					
	Married, Single or Widowed	Single		Name of Wife or Husband					
	Father's Name	John Drunk		Father's Birthplace		Austria			
	Mother's Maiden Name	Katie Reber		Mother's Birthplace		Austria			
Name of person giving information	Jarqas Popere		How related to deceased		Husband				
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Placenta-Lomeria				(136) How long			
	Immediate	Uterine Hemorrhage				How long 3 hours			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician				
					Address				
					So. Balto - Md				
Accident or Suicide									





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jas. N. Polce</i>		Town <i>3<sup>rd</sup> Dist</i>		County <i>a a</i>		State <i>MARYLAND</i>	
Died at <i>3<sup>rd</sup> Dist</i>		Date of death <i>1908</i>		Age <i>29</i>		Months <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ma</i>		Days <i>12</i>	
Occupation <i>black</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jas. N. Polce</i>		Father's Birthplace <i>Ma</i>		Mother's Maiden Name <i>Louisa Anderson</i>		Mother's Birthplace <i>Ma</i>	
Name of person giving information <i>John S. Polce</i>		How related to deceased <i>Co.</i>					

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONERPrimary  
*Accidental Drowning*How long  
*—*Immediate  
*—*How long  
*—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*Signature of Physician  
*John. C. Polce Cor*Address  
*Brooklyn*

Accident or Suicide?

*Accident**A. A. Co. Md*



Name  
in  
Full

Charles Downace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

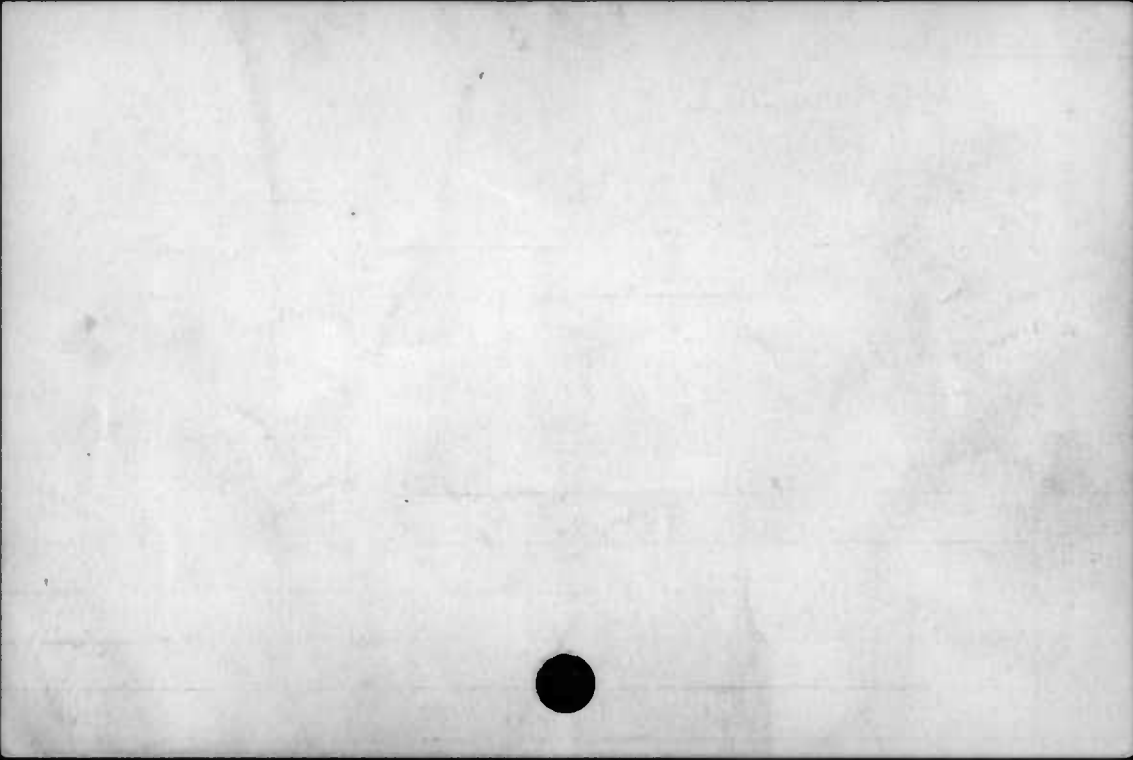
Died at		Town		County		STATE	
Annapolis		Annapolis		Anne Arundel		MARYLAND	
Date of death	190	Month	8	Year	33	Months	Days
May				Age			
Sex	Male	Color or Race	Colored.		Birth-place	Annapolis	
Occupation	Laborer			Where Residing if not at place of death	73 West St.		
Married, Single or Widowed	Single		Name of Wife or Husband	Kate Duval			
Father's Name	John Allen Brown			Father's Birthplace	A A Co Md		
Mother's Maiden Name	Miss Margaret Brown			Mother's Birthplace	A A Co Md		
Name of person giving information	J. Adams			How related to deceased	Friend		

## CAUSES OF DEATH

27

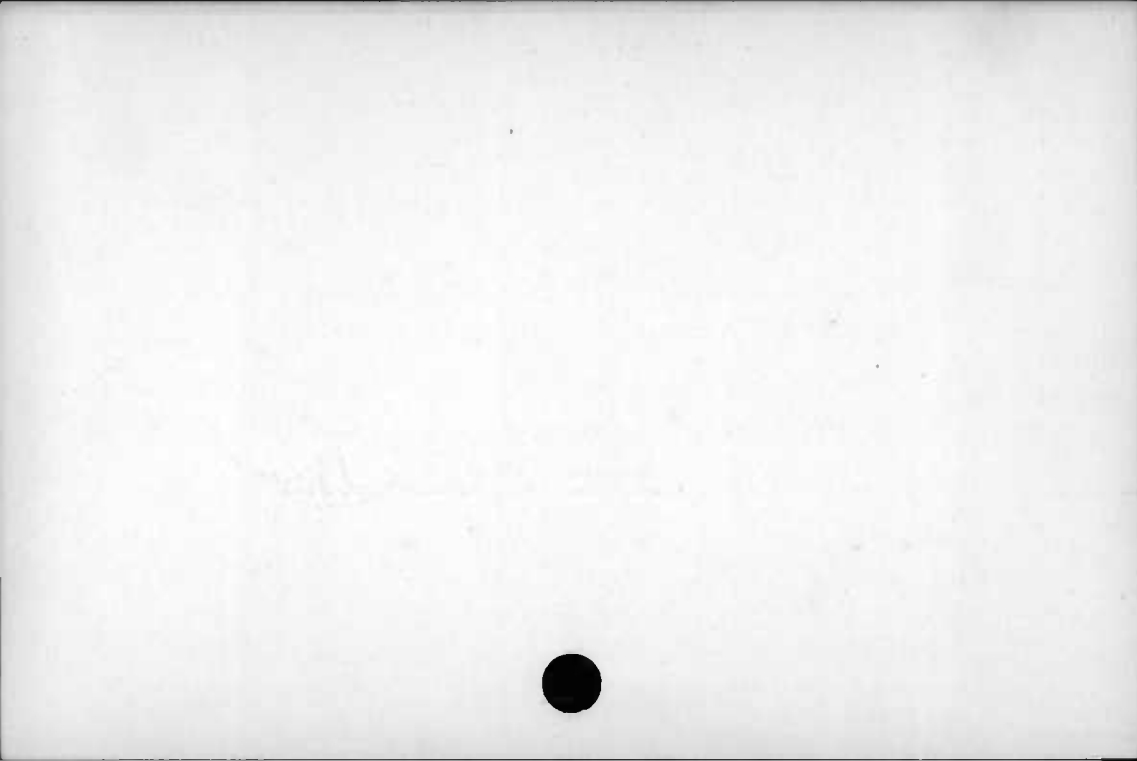
PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	F. H. Thompson M.D.
		Address	Annapolis
Accident or Suicide?			



Name in Full		Ester Sebrister Richards				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND		
	Magothy		3 <sup>rd</sup> dist	Anne Arundel				
	Date of death	1908	Month	May	Day	27	Age	
			Years			Months	4	
			Days			1		
	Sex	Female		Color or Race	Colored		Birth-place	A. A. Co.
Occupation			Where Residing if not at place of death					
Married, Single or Widowed			Single		Name of Wife or Husband			
Father's Name				Robert Richards		Father's Birthplace		
						A. A. Co.		
Mother's Maiden Name				Clara Gray		Mother's Birthplace		
						A. A. Co.		
Name of person giving information				Robert Richards		How related to deceased		
						Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				Summer complaint			
					How long			
					4 days			
	Immediate							
	Are the name, age, sex, color, date and place correctly given above?				Yes			
				Signature of Physician				
				James S. Bellingale M.D.				
				Address				
				Sub-registrar 3 <sup>rd</sup> dist				
Accident or Suicide?				No				
				A. A. Co. Md.				

105



Name  
in  
Full

Asbury Shannenhans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

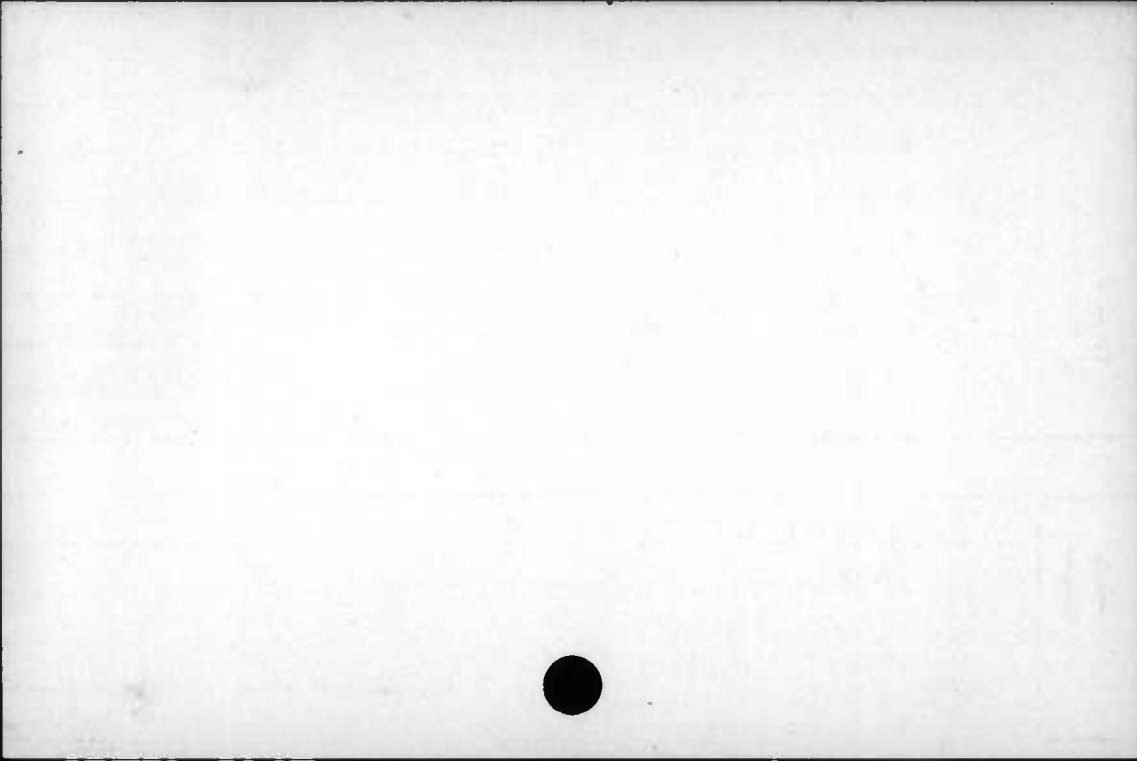
Died at <u>Brooklyn</u> <sup>Town</sup>		<u>a</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>1</u>	Age	Years <u>5</u>	Months <u>21</u>
Sex <u>Male</u>	Color or Race <u>Col</u>		Birth-place <u>Ma</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Nelson W Shannenhans</u>			Father's Birthplace <u>Ma</u>		
Mother's Maiden Name <u>Ida R Stuart</u>			Mother's Birthplace <u>Ma</u>		
Name of person giving information <u>Nelson W Shannenhans</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Charles B. Broode</u>
	Address <u>—</u>
Accident or Suicide? <u>—</u>	





Name  
in  
Full

Florence Ruthyn Shearn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

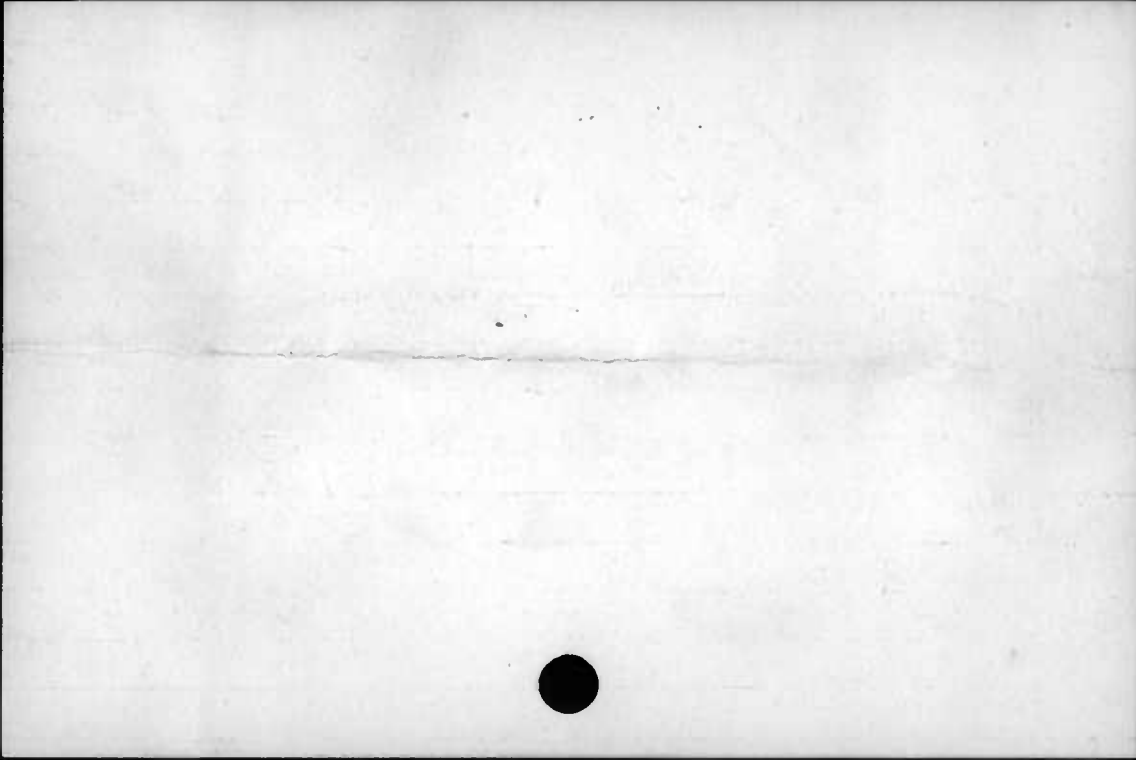
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>28</i>	Age	Years	Months <i>4</i>	Days <i>24</i>	
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>				
Occupation			Where Residing if not at place of death <i>Annapolis</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Charles Helli Shearn</i>			Father's Birthplace <i>Bristol England</i>				
Mother's Maiden Name <i>Ruthyn Payne Moss</i>			Mother's Birthplace <i>Swansea Wales &amp; Britain</i>				
Name of person giving information <i>Charles Helli Shearn</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

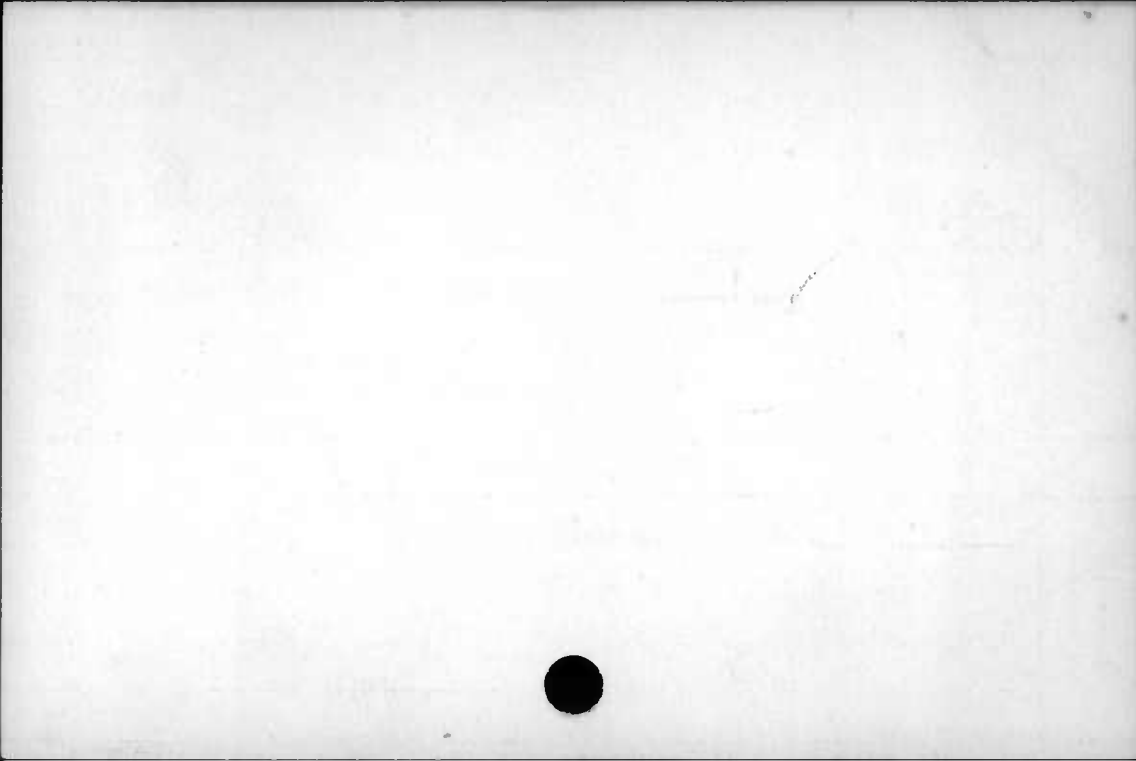
92

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>10 days</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Oliver Purvis</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	



Name in Full		Stevens				CERTIFICATE OF DEATH	
Died at		Town Pocomoke		County A C		MARYLAND	
Date of death		Month May		Day 30		Age Years Months Days 1	
Sex Female		Color or Race Col		Birth- place Md			
Occupation None		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John W. Stevens		Father's Birthplace Md					
Mother's Maiden Name Eliza Wright		Mother's Birthplace Md					
Name of person giving Information John W. Stevens		How related to deceased Father					
		CAUSES OF DEATH				(151)	
Primary Marasmus		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John C. Potee Coroner			
				Address			
Accident or Suicide?							



Name in Full		Abraham Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Wellhams		County		Anne Arundel	
	Date of death		1908	Month	May	Day	17
	Age		41		Years		
	Sex	Male		Color or Race	Colored		
	Birthplace	Anne Arundel					
	Occupation	Farm hand		Where Residing if not at place of death			
	Marked <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed		Name of Wife or Husband				
	Florence Thomas						
PHYSICIAN OR CORONER	Father's Name	Unknown				Father's Birthplace	Anne Arundel Co
	Mother's Maiden Name	For name Unknown Deal				Mother's Birthplace	Anne Arundel Co
	Name of person giving information	Wesley Thomas				How related to deceased	Son
	CAUSES OF DEATH						27
	Primary	Tuberculosis				How long	2 years
Immediate	Exhaustion				How long	2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Hanover Md		
Accident or Suicide?							



Name  
in  
Full

Elliott Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

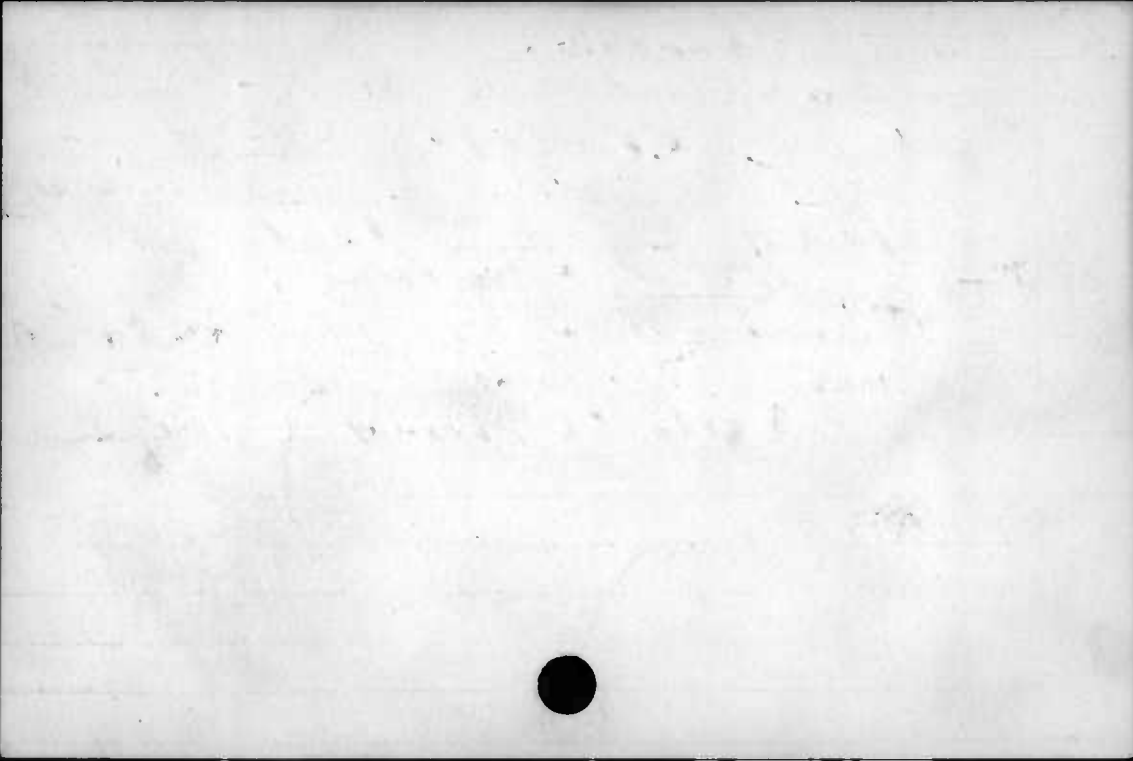
Died at <i>anngolis Md</i>		County <i>a. a Co</i>		MARYLAND	
Date of death	1908	Month	May	Day	26
Age	48	Years		Months	—
Sex	Male	Color or Race	Colored	Birth-place	West River <sup>2nd</sup>
Occupation	Laborer	Where Residing if not at place of death	125 Packer st		
Married, Single or Widowed	married	Name of Wife or Husband	E. Elizabeth Thomas		
Father's Name	Primas Thomas	Father's Birthplace	West River <sup>Md</sup>		
Mother's Maiden Name	Mary Thomas	Mother's Birthplace	West River <sup>2nd</sup>		
Name of person giving information	E. Elizabeth Thomas	How related to deceased	wife		

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

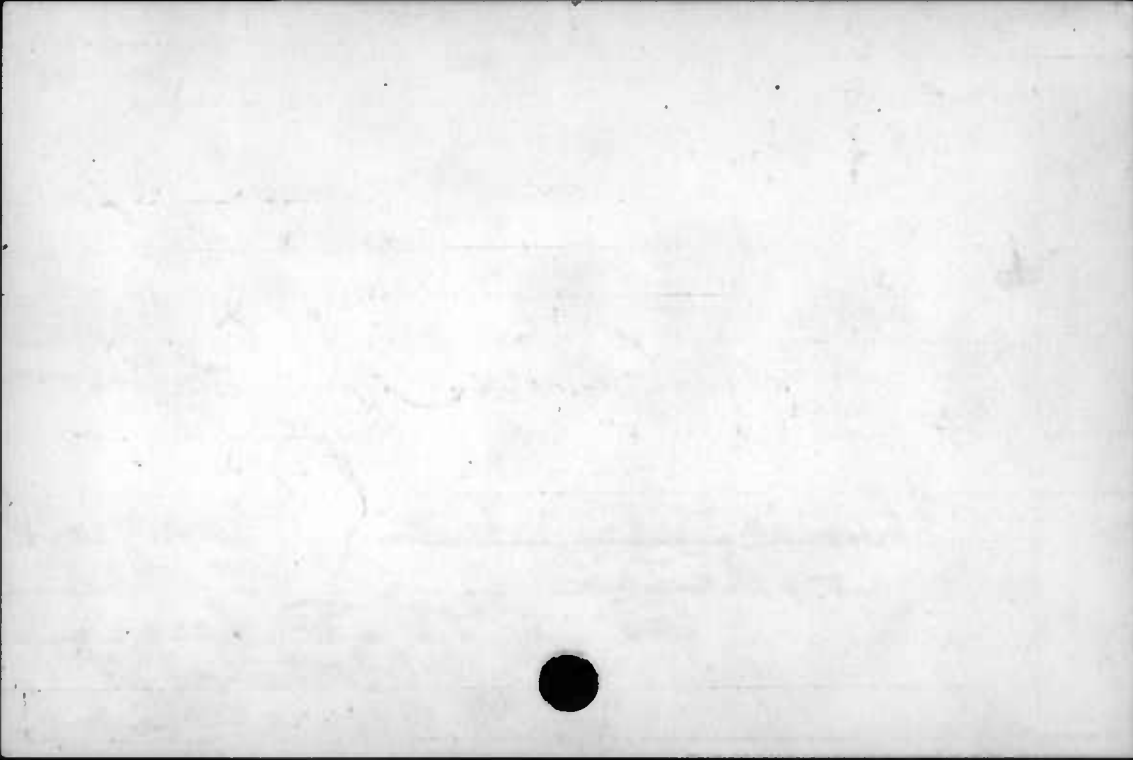
Primary	Acute tubular nephritis	How long	6 months
Immediate	Exhaustion from organic heart disease	How long	One week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. D. Pecon
		Address	60 Cathedral st Annapolis Md
Accident or Suicide?	no		





Name in Full <b>Harry Thomas</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Annapolis</b> <small>Town</small>	<b>A. A.</b> <small>County</small>	<b>MARYLAND</b>
	Date of death <b>1908</b> <small>Month</small> <b>May</b> <small>Day</small> <b>11<sup>th</sup></b> <small>Age</small> <b>Years</b>	<b>Months</b>	<b>Days</b>
	Sex <b>Male</b> <small>Color or Race</small> <b>Colored</b>	Birth-place <b>Annapolis</b>	
	Occupation	Where Residing if not at place of death	
	<del>Married</del> Single <small>Name of Wife or Husband</small> <b>None</b>		
	Father's Name <b>Ellsworth Thomas</b>	Father's Birthplace <b>Baltimore</b>	
Mother's Maiden Name <b>Theresa Diggs</b>	Mother's Birthplace <b>A. A. Co. Md</b>		
Name of person giving information <b>Ellsworth Thomas</b>	How related to deceased <b>Father</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Congenital Lones</b>	How long <b>Since Birth</b>	
	Immediate <b>Asthemia</b>	How long <b>Gradual</b>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>John Ridout M.D.</b>	
	<b>yes</b>	Address <b>Annapolis</b>	
	Accident or Suicide?		

36



Name  
in  
Full

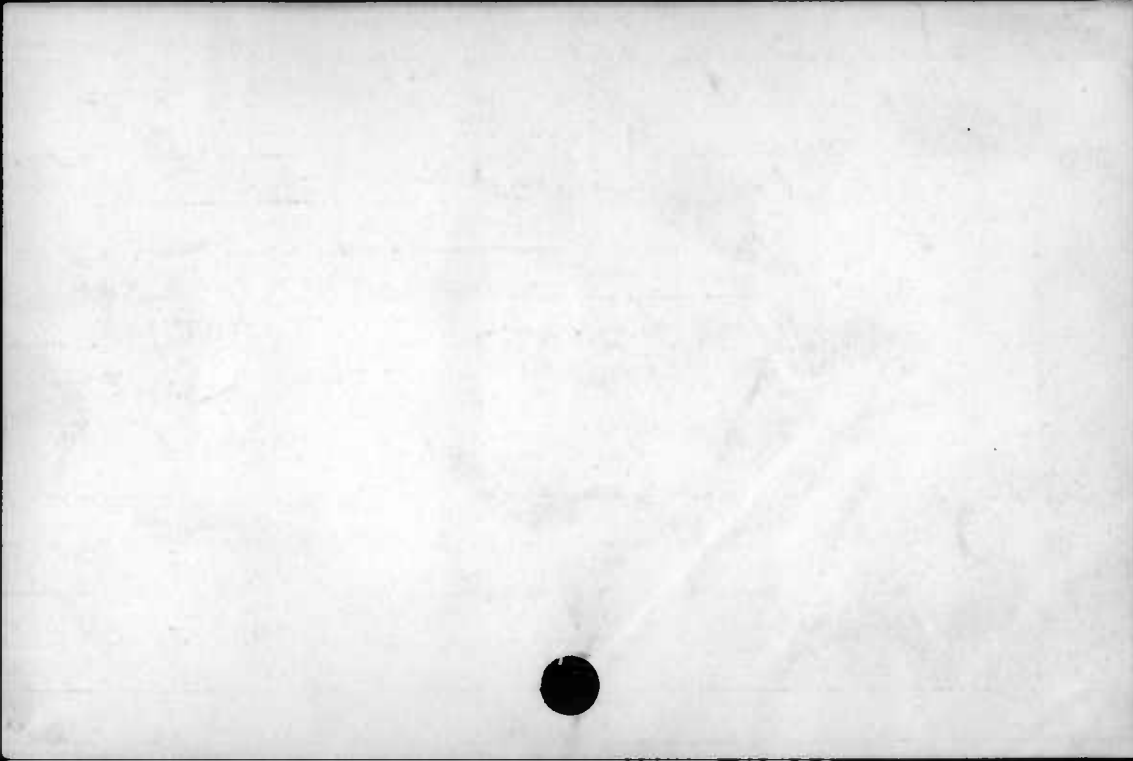
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John Henry Thomas</b>		Town <b>Annapolis</b>		County <b>Anne Arundel</b>		State <b>MARYLAND</b>	
Died at <b>Annapolis</b>		Date of death <b>1908 May 13</b>		Age <b>63</b>		Months <b>0</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Anne Arundel</b>		Days <b>0</b>	
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>431 Washington St.</b>					
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Susan Thomas</b>					
Father's Name <b>Joseph Thomas</b>		Father's Birthplace <b>A. A. Co. Md</b>					
Mother's Maiden Name <b>Betsy Parker</b>		Mother's Birthplace <b>" " "</b>					
Name of person giving information <b>Martina Jane Brown</b>		How related to deceased <b>Daughter</b>					
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

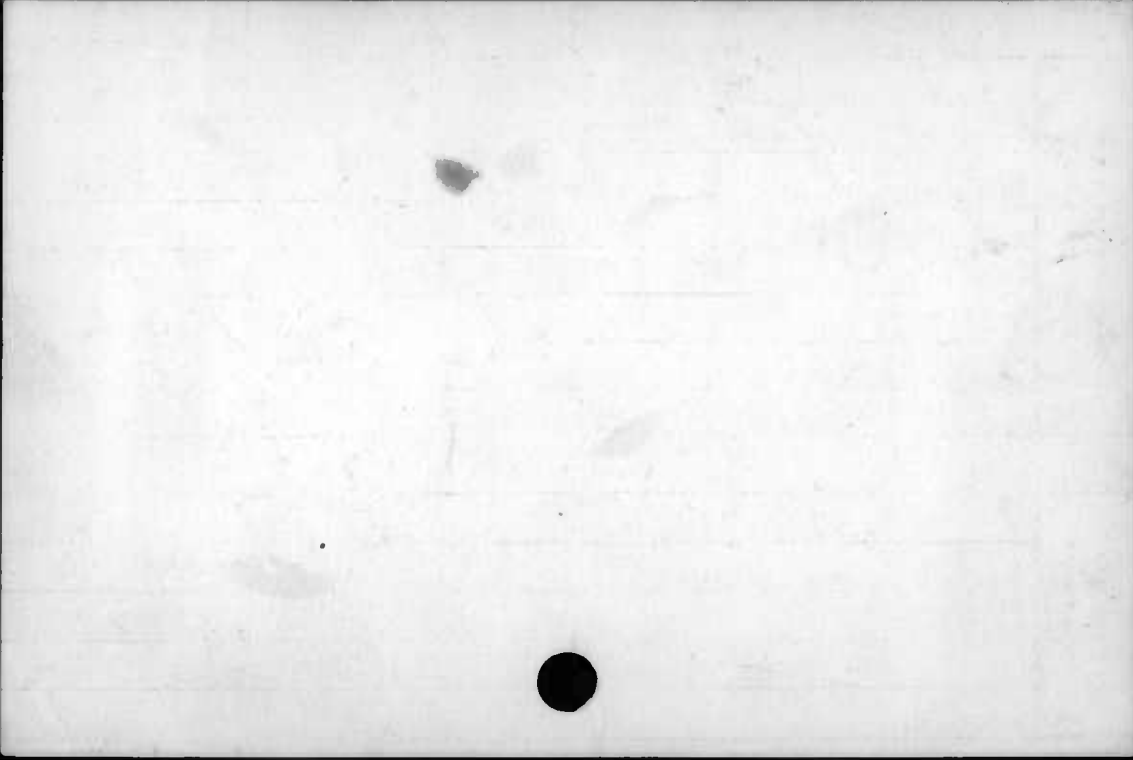
Primary	<b>Chronic Pneumatism</b>	How long	<b>10 years</b>
Immediate	<b>Probably Myocarditis</b>	How long	<b>Two days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Wm S Welch. Health Officer</b>	
as well as can be known		Address <b>Annapolis</b>	
Accident or Suicide? <b>No</b>			



Name in Full <b>Lizzie Thomas</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis</b> <small>Town</small>		<b>Anne Arundel</b> <small>County</small>	
Date of death <b>1908 May 6</b> <small>Month Day</small>		<b>34</b> <small>Age</small>	
<b>Female</b> <small>Sex</small>		<b>Colored</b> <small>Color or Race</small>	
<b>House work</b> <small>Occupation</small>		<b>Broad Neck</b> <small>Birth place</small>	
<b>Married</b> <small>Married, Single or Widowed</small>		<b>Charley Thomas</b> <small>Name of Wife or Husband</small>	
<b>Leroy Miller</b> <small>Father's Name</small>		<b>Easter Shore Md</b> <small>Father's Birth place</small>	
<b>Matilda Miller</b> <small>Mother's Maiden Name</small>		<b>Unknown</b> <small>Mother's Birth place</small>	
<b>Nancy Jones</b> <small>Name of person giving information</small>		<b>Sister</b> <small>How related to deceased</small>	
<b>CAUSES OF DEATH</b>			
<b>Chronic tubercular nephritis</b> <small>Primary</small>		<b>120</b> <small>How long</small>	
<b>Coronitis</b> <small>Immediate</small>		<b>2 weeks</b> <small>How long</small>	
<b>Yes</b> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<b>S. P. - 80. Reuser</b> <small>Signature of Physician</small>	
<b>No</b> <small>Accident or Suicide?</small>		<b>60 Cathedral St</b> <small>Address</small>	
		<b>Annapolis Md.</b>	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Isabelle Thompson -

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Churchton

County

MARYLAND

Date of death 190 <sup>Month</sup> May <sup>Day</sup> 4Age <sup>Years</sup> 26

Months

Days

Sex Female

Color or  
Race

Colored

Birth-  
place

Churchton

Occupation

Housewife

Where Residing if not  
at place of death

11 21

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Luis Thompson

Father's  
Name

Theophilus Thompson

Father's  
Birthplace

A. A. Co.

Mother's  
Maiden Name

Susan Taylor

Mother's  
Birthplace

A. A. Co.

Name of person giving  
In formation

Theophilus Thompson

How related  
to deceased

Father

## CAUSES OF DEATH

34

Primary

General Tuberculosis

How long

?

Immediate

Inanition - Exhaustion

How long

36 Hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

T. R. W. Wilson

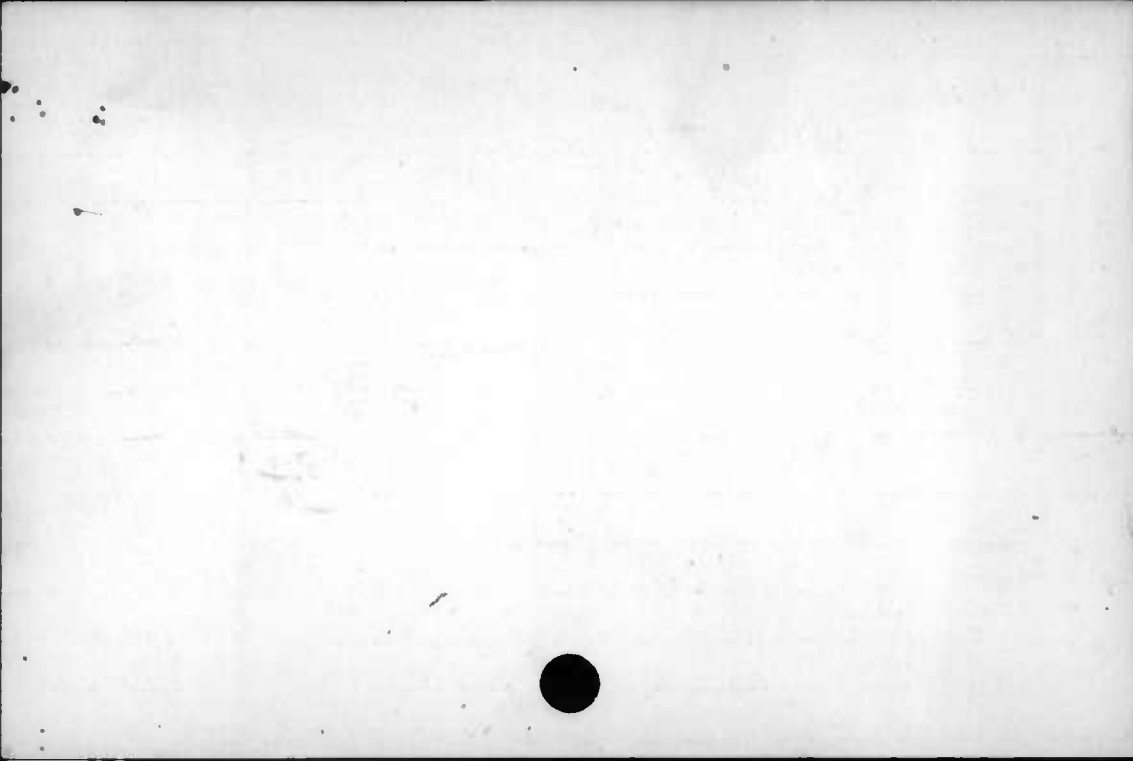
Address

Churchton

Accident or Suicide?

A. A. Co. Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Wm R Veney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Curtis Bay</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>5</i>	Day	<i>27</i>
Age	<i>27</i>	Years	<i>27</i>	Months	<i>2</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Richmond Va</i>
Occupation	<i>Labor</i>	Where Residing if not at place of death <i>117 Melrose Alley Baltimore</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Martha Veney</i>			
Father's Name	<i>Harry Veney</i>			Father's Birthplace	<i>Richmond Va</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	" "
Name of person giving information	<i>Martha Veney</i>			How related to deceased	<i>Wife</i>

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

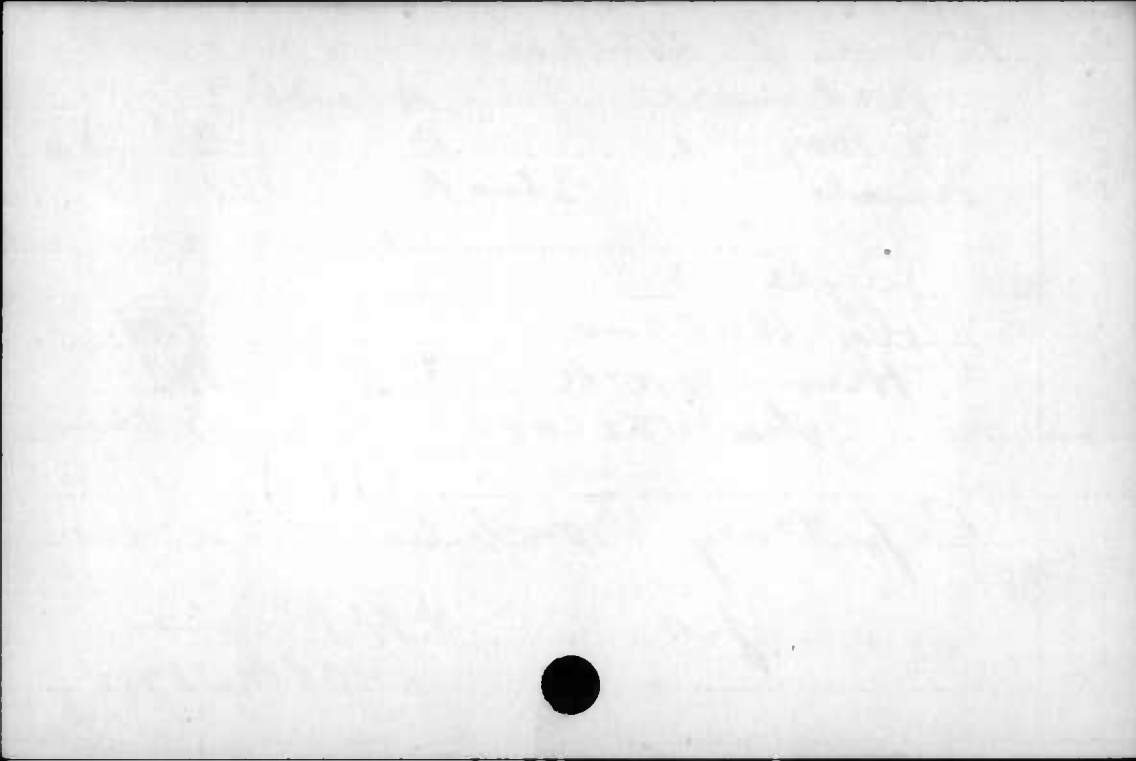
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Hennie E. Wallace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town McKendree		County Anne Arundel		MARYLAND	
Date of death		1908	Month May	Day 14	Age 0	Years 0	Months 3
Sex Female		Color or Race Black		Birth- place Md.		Days 20	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Wallace				Father's Birthplace Md.	
Mother's Maiden Name		Henny Erick				Mother's Birthplace Md.	
Name of person giving In formation		John Wallace				How related to deceased Father	

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Capillary Bronchitis	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A H Perrin	
Address		McKendree	
Accident or Suicide?			



Name  
in  
Full

*Sarah Watkins*

*59969*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

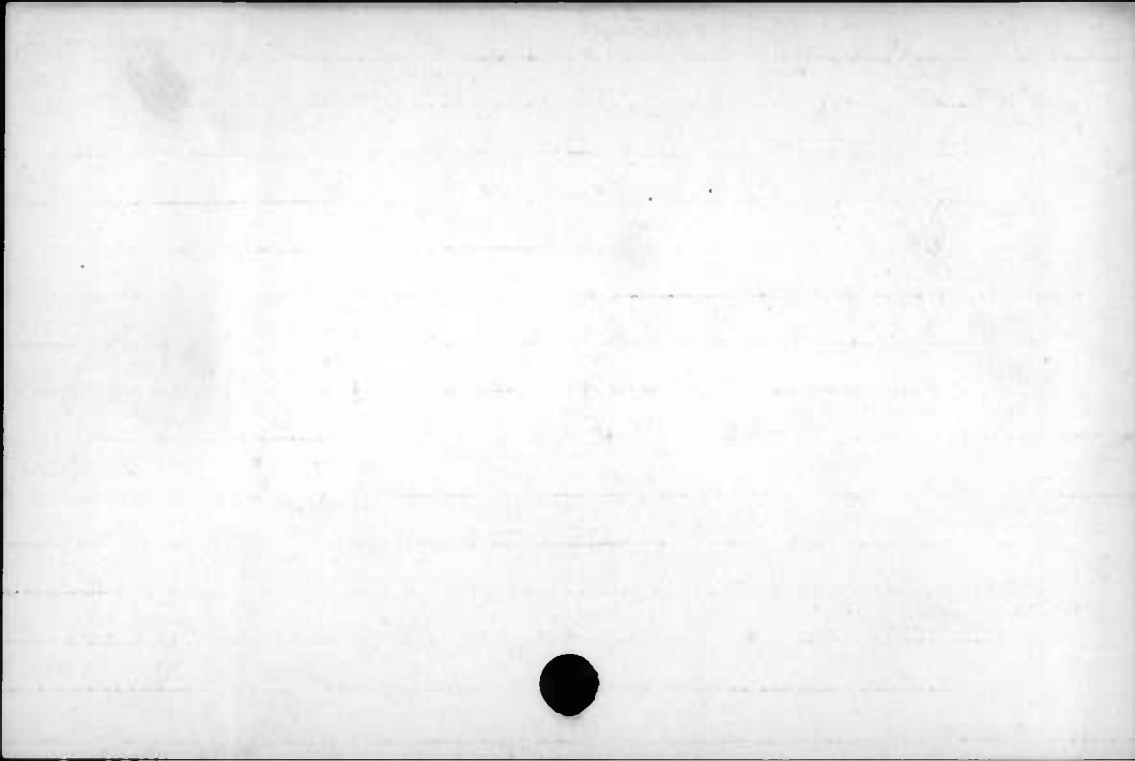
Died at <i>Annapolis</i> <sup>Town</sup>		<i>a a Co</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>5th</i> <sup>Age</sup>	<i>17</i> <sup>Years</sup>	<i>Months</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>Color</i>	Birth-place <i>a a Co, Md</i>	
Occupation	<i>Housework</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>aleb Watkins</i>			Father's Birthplace	<i>a a Co, Md</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>a a Co, Md</i>
Name of person giving information	<i>Grand daughter</i>			How related to deceased	

CAUSES OF DEATH

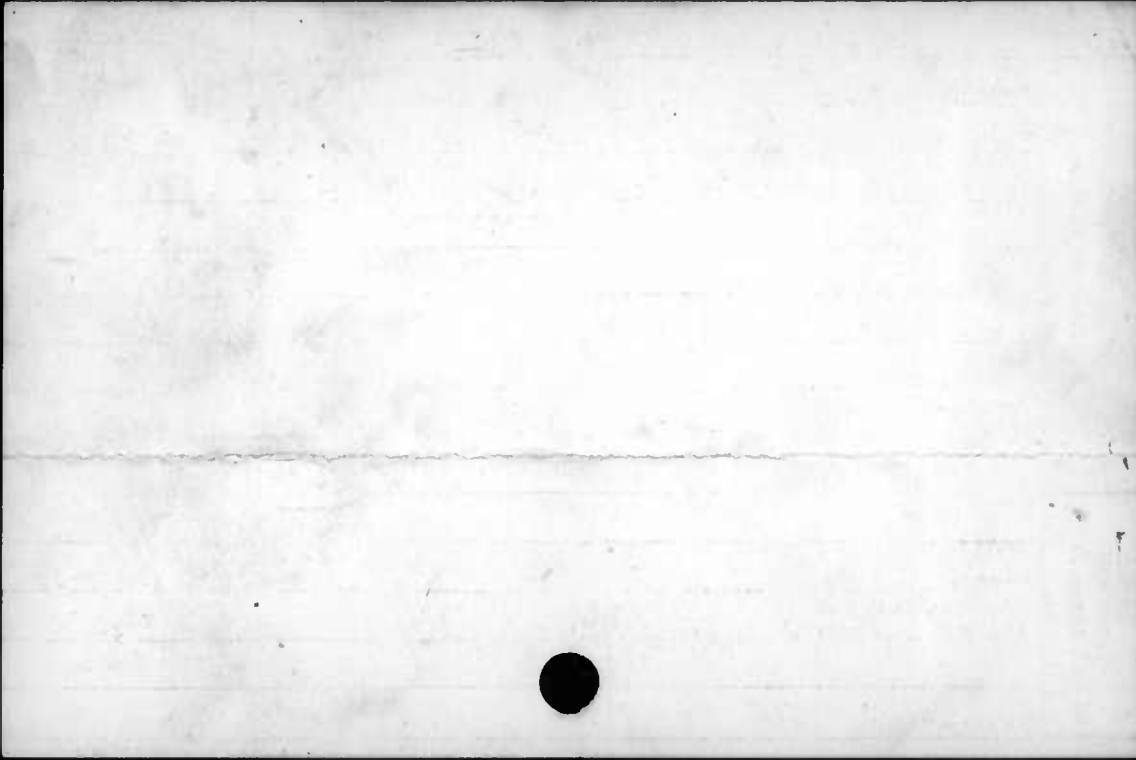
**99**

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Hemorrhage</i>	How long	<i>Two days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Ridout</i>	
		Address	
		<i>Annapolis Md</i>	
Accident or Suicide?			



Name in Full		Infant child, White				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Reverlo		County		ANN ARUNDEL	
	Date of death		1908	Month	May	Day	13
	Age		Years		Months		Days
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John White				Father's Birthplace	Ind
Mother's Maiden Name	Betty White				Mother's Birthplace	Ind	
Name of person giving information	Father White				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	acute Gastroenteritis				How long	1 day -
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	D. B. Corrado
	Address	609 W. Franklin St.				Bkto. Ind.	
	Accident or Suicide?	No					





Name  
in  
Full

Burtin Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Margaret's</i>		County <i>A. A.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>30</i>	Age	Years	Months <i>7</i> Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Margaret's Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Alfred Williams</i>			Father's Birthplace <i>A. A. Co. Md.</i>		
Mother's Maiden Name <i>Mary Williams</i>			Mother's Birthplace <i>A. A. Co. Md.</i>		
Name of person giving information <i>Alfred Williams</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

4

PHYSICIAN  
OR CORONER

Primary <i>Malaria</i>	How long <i>7 days</i>
Immediate <i>Coma</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Ridout M.D.</i>
	Address <i>Chapel Hill Md.</i>
	<i>R. F. B. No. 1</i>
Accident or Suicide?	

